



GOVERNMENT OF KARNATAKA

HEALTH AND FAMILY WELFARE SERVICES

**ANNUAL
REPORT**
1993-94

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HEALTH AND FAMILY WELFARE SERVICES

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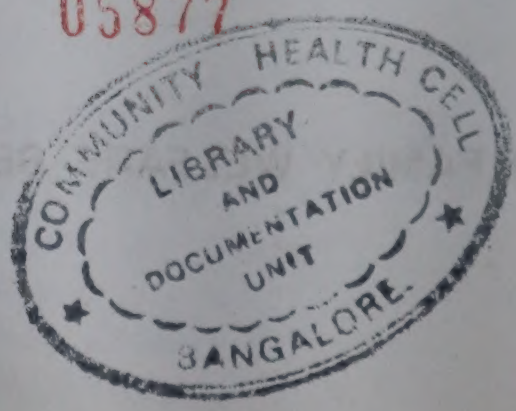
HEALTH AND FAMILY WELFARE SERVICES

ANNUAL REPORT

1983-84

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DEPARTMENT OF HEALTH AND FAMILY WELFARE SERVICES

AN OVERVIEW

The Department of Health and Family Welfare Services implements various National and State Health Programmes of Public Health importance and also provides comprehensive Health Care Services to the people of the State through various types of Health and Medical Institutions.

The Health care Services are provided through the implementation of:

- 1 Rural Health Component of the Minimum Needs Programme;
- 2 Medical Development Programme;
- 3 MCH, Family Welfare and Immunisation Programme;
- 4 National Leprosy Eradication Programme;
- 5 National Tuberculosis Control Programme;
- 6 National Programme for Control of Blindness;
- 7 National Malaria Eradication and National Filaria Control Programme.
- 8 Prevention and Control of other communicable diseases like Diarrhoeal diseases, Kyasanur Forest Disease, Japanese Encephalitis, etc.,
- 9 Health Education and Training Programme;
- 10 Nutrition Programme - Nutrition Education and Demonstration;
- 11 National Goitre Control Programme;
- 12 Laboratory Services and Vaccine Production Units;
- 13 Education and Environmental Sanitation; and
- 14 Curative Services;

ADMINISTRATION AND DIRECTION

The Director of Health and Family Welfare Services is the Head of the Department. The Administrative powers and Financial powers of the Department are vested with the Director. The Director of Health & F.W.Services is responsible to provide the Health Care Services to the community by way of implementing various National and State Health Programmes in the State.

The Director of Health and Family Welfare Services is assisted by the Additional Director (FW & MCH) (A post of Addl. Director, AIDS has recently been sanctioned). Fourteen Joint Directors, one Demographer and sixteen Deputy Directors act as Technical Advisors to the Director of Health and Family Welfare Services. The Director is also assisted by a Chief Accounts Officer cum Financial Advisor and a Chief Administrative Officer, in all matters pertaining to Finance and accounts and Administration of the Department respectively.

At the Divisional level, there are four Divisional Joint Directors of Health and Family Welfare Services and each Divisional Joint Director of Health and Family Welfare Services is assisted by two Deputy Directors.

The Divisional Joint Directors are responsible for supervision and effective implementation of various National and State Health Programmes, including Family Welfare Programme and MCH Services in the Districts coming under their jurisdiction.

At the District Level, there are twenty District Health and Family Welfare Officers. The District Health and Family Welfare Officers are assisted by the District Leprosy Officers, District MCH Officers (erstwhile District immunisation Officers), District Malria Officers, District TB Officers, Medical Officers of District Laboratory, Medical Officers (FW & MCH) and Regional Assistant Chemical Examiners and these Officers are responsible for implementing various National and State Health Programmes including Family Welfare Programme and MCH Services.

The District Surgeons of the District Hospitals are responsible for providing curative and promotive services including referral services.

At the Sub-Divisional level 49 Assistant District Health and Family Welfare Officers are responsible for prompt and effective implementation of various National and State Health Programmes.

At the Primary Health Centre level, the Medical Officers of Health are similarly responsible for the implementation of various National and State Health Programmes including Family Welfare Programme and MCH Services.

ACHIEVEMENTS FOR THE YEAR 1993-94

GOVERNMENT HAVE ACCORDED SANCTION FOR THE FOLLOWING SCHEMES DURING 1993-94.

- 1 Trauma Care Units to Community Health Centres of Chalakere, Chitradurga District, Bhadravathi, Shimoga District, Nanjungud, Mysore District.
- 2 Maternity Annexes to Bagewalu Primary Health Centre, Arasikere Taluk, Hassan District, Kallur Primary, Health Centre, Gubbi Taluk, Tumkur District, Kallambella PHC, Sira Taluk, Tumkur District.
- 3 Modified Leprosy Control Unit to Nelamangala and Kumata.
- 4 Urban Leprosy Centres at Shimoga, Jamkhandi and Nippani Town, Belgaum District.
- 5 Blood Bank at Chamarajanagar General Hospital, Mysore District.
- 6 Filariasis Control Unit at Ilkal.
- 7 Filariasis Clinic at Kamatagi, Bijapur District.
- 8 One hundred beds for maintenance of Leprosy patients by Voluntary Organisations.

- 9 Administrative approval for enhancement of bed strength from 64 to 100 in MGM General Hospital, Mudigere, Chickmagalur District.
- 10 Enhancement of the bed strength from 50 to 150 in General Hospital, Chintamani, Kolar District.
- 11 Sixty Primary Health Centres.
- 12 Fifteen Community Health Centres.
- 13 Enhancement of bed strength from 50 to 100 beds at Hiriur General Hospital, Chitradurga District.
- 14 Enhancement of bed strength from 30 to 100 beds at Tiptur General Hospital, Tumkur District.
- 15 Implementation of Diabetes Control programme in Hassan and Dakshina Kannada Districts.
- 16 Iodine Deficiency Disorders monitoring Laboratory attached to Directorate of Health and Family Welfare Services.
- 17 200 Sub-Centres.
- 18 Establishment of Intensive Cardiac Care Unit at MCGann Hospital, Shimoga.
- 19 Sanction of additional staff to the District Hospital, Madikeri.
- 20 New OPD Block at District Hospital, Tumkur and additional staff.
- 21 Sanction of additional staff to District Hospital, Karwar for commissioning 130 additional beds.
- 22 Sanction of additional staff to SNR Hospital, Kolar.
- 23 Establishment of Intensive Cardiac Care Unit in District Hospital, Bidar.
- 24 Sanction of additional staff to 56 bedded children ward at District Hospital, Chitradurga.

- 25 Sanction of additional staff to General Hospital, Udipi, Women and Children Hospital, Udipi.
- 26 Establishment of Intensive Cardiac Care Unit at District Hospital, Mandya.
- 27 Sanction of additional staff to ED Hospital, Mysore.
- 28 Water facilities to General Hospital, Virajpet, Somwarpet and Newly proposed Hospital at Central Workshop compound, Magadi Road, Bangalore.

MEDICAL CARE (URBAN)

The District Hospitals are not only providing treatment to patients but also provides curative and promotive services along with Major Hospitals, Teaching Hospitals and Specialised Hospitals. The details are as follows.

	Number of Institutions	No. of beds
District Hospitals	16	5788
Teaching Hospitals	9	5907
Major Hospitals	8	1521
Specialised Hospitals	16	3330
General Hospitals/Maternity Hospitals	127	6361
	176	22907

Each District Hospital has got the following specialities;

1. Medicine
2. Surgery
3. Obstetrics and Gynecology
4. pediatrics
5. Orthopedics
6. Ophthalmology

7. Ear, Nose and Throat
8. Skin and STD
9. Pathology and Bacteriology
10. Radiology
11. Anesthesia
12. Dental Services

The specialist Departments in the District Hospitals are catering to the needs of the patients coming directly as well as those referred from peripheral rural centres and moffusil hospitals. The District Hospitals serve as referral Hospitals to the peripheral Institutions.

Burns and Casualty wards are established at S.C. Hospital, Hassan, Mcgann Hospital, Shimoga, S.N.R. Hospital, Kolar and District Hospital, Bijapur.

Sexually Transmitted Disease Clinics are functioning in all District Hospitals and also in the General Hospitals at Udipi, K.G.F. and Kollegal.

Psychiatric Clinics are functioning in the District Hospitals at Shimoga, Hassan, Bidar, Karwar, Bijapur and Chitradurga and also in K.C. General Hospital, Bangalore.

Physiotherapy units are functioning in the District Hospitals of Shimoga, Hassan, Tumkur, Chitradurga, Kolar, Mandya and Bijapur. All the Teaching Hospitals have got Physiotherapy Units. Physiotherapy Units are also functioning in K.C.General Hospital, Bangalore and in General Hospital, Jayanagar, Bangalore.

The Emergency and Casualty Departments work round the clock.

The existing Blood Banks are being strengthened in all the District Hospitals and also Major Hospitals of the State.

Radiology services are available in all the District Hospitals, Major Hospitals and in many Taluk level Hospitals.

Dental Clinics are established in all the District Hospitals, Major Hospitals and in many Taluk level Hospitals.

Epidemic Diseases Hospitals which are functioning in Bangalore, Mysore and K.G.F. are special type of institutions. These Hospitals are ment for treating epidemic diseases like Cholera, Gastroenteritis, Diptheria, Tetanus, Whooping Cough, Rabies, Measles, Chickenpox and other infectious diseases.

RURAL HEALTH CARE

In line with the Government of India Guidelines in the implementation of Minimum Needs Programme (Rural Health) the State has revised its Health Policy and decided to establish a 3 tier Health Infrastructure, viz., Sub-Centres, Primary Health Centres and Community Health Centres.

The existing Primary Health Units are being upgraded into Primary Health Centres in a phased manner.

COMMUNITY HEALTH CENTRE

It is the intention of Government of India and the State Government to establish a community Health Centre for one lakh population/one community Health Centre out of every 4 Primary Health Centres. It is the policy of the Government to upgrade all the taluk level institutions to 30 beded hospitals and taluks located at Sub-divisional headquarters into 50 beded hospitals. These institutions will serve as rural referral hospitals for the population living in rural areas.

In the 30 beded hospitals there will be a minimum of four specialities, viz.,

- 1 General Medicine
- 2 General Surgery
- 3 Obstetric and Gynecology
- 4 Dental Surgery.

In the 50 beded hospitals, in addition to these specialities, there is one ENT specialist and a Paediatrician.

PRIMARY HEALTH CENTRE

The Primary Health Centres provide the basic Health Services which include curative, Preventive and promotive Health care Services. The National and State Health Programmes are also being provided through the Primary Health Centres.

As per the guidelines given by the Government of India, there will be one Primary Health Centre for every 30,000 population by the year 2000 A.D. However by the year 1994, there will be one Primary Health Centre for every 30,000 population in plain areas and one Primary Health Centre for every 20,000 population in Hilly and Tribal area in Karnataka so that the services can be provided to the rural people as nearer to their villages. Every Primary Health Centre is supplied with drugs worth Rs. 50,000/- annually.

PRIMARY HEALTH UNIT

In Karnataka, there are Institutions known as Primary Health Units, which also provide Curative, preventive and promotive Health care Services. It is proposed to upgrade these institutions into Primary Health Centre, on a phased manner, by providing minimum requirements.

Health Sub-Centre

It is the intention of Government of India and the State Government to have one Health Sub-Centre for every 5,000 population in Plain areas and one Sub-Centre for every 3,000 population in the Hilly and Tribal areas. Each Sub-Centre is managed by one Junior Health Assistant (Female) and one Junior Health Assistant (Male) and drugs worth Rs. 5,000/- per annum are being supplied for treatment of minor ailments.

Rural Health Care Services Are Provided Through Various Types Of Institutions Which Are Detailed Below

	1991-92	1992-93	1993-94
Community Health Centres	184	198	213
Primary Health Centres	1262	1297	1357
Primary Health Units	623	622	613
Sub-Centres	7793	7793	7793
Beds	10900	11899	12631

HOSPITAL PHARMACY PROGRAMME

Introduction

'Hospital Pharmacy' is a programme being implemented by the Government of Karnataka in the State Sector.

Objectives

- (1) To organise a technically sound dispensing section, Quality control system, Central Sterile Supply Division and Store practice in the Hospitals.
- (2) To develop a reliable 'Drug Information Service' for the benefit of the staff and the patients/their attendants.
- (3) To manufacture life saving Intravenous fluids for use in the hospitals.

Hospital Pharmacies are Working in the Following Fourteen Hospitals:

Sl. No	Name of the Hospital
--------	----------------------

- | | |
|----|--|
| 1. | Victoria Hospital, Bangalore |
| 2. | Bowring & Lady Curzen Hospital, Bangalore. |
| 3. | K.R. Hospital, Mysore. |
| 4. | Wenlock Hospital, Mangalore. |
| 5. | C.G. Hospital, Davanagere. |
| 6. | K.M.C. Hospital, Hubli. |
| 7. | District Hospital, Belgaum. |

8. District Hospital, Gulbarga.
9. Medical College Hospital, Bellary.
10. Mc. Gann Hospital, Shimoga.
11. District Hospital, Mandya.
12. District Hospital, Chitradurga.
13. District Hospital, Bidar.
14. District Hospital, Bijapur.

New buildings need to be equipped for commissioning the unit at Shimoga and Kolar. Construction work of the new building is in progress at Hassan and Raichur.

Administrative Sanction has been accorded to the new building and the construction work is yet to be taken up by P.W.D. at Tumkur and Karwar.

The nine Hospital Pharmacy units under Medical Education and one unit under Health & F.W. Services do not have separate budget allocation. The expenditure of these units are being met under the respective budgets of the hospitals.

Physical Progress

Building : New buildings have been provided to the following units

1. Mc. Gann Hospital, Shimoga.
2. S.N.R. Hospital, Kolar.
3. Sri. Chamarajendra Hospital, Hassan.
4. District Hospital, Tumkur.
5. District Hospital, Raichur.
6. District Hospital, Karwar.
7. Victoria Hospital, Bangalore -under Master Plan,
8. Bowring & LC Hospital, Bangalore -do-

In the remaining hospital pharmacies are working in the existing building of the hospital.

Licensing : All the functioning units have been licenced for manufacturing of drugs, under the Drugs and Cosmetics Act 1940 and the Rules made thereunder.

Equipments : All the functioning hospital Pharmacies have been provided with new equipments to update the technology and to increase the production of large Volume Paranterals. (L.V.Ps).

Production : The following are the common Large Volume parenterals manufactured in the Hospital Pharmacies:

- | | |
|-----------------------------|--------------------------------|
| a) Dextrose injection, | b) Dextrose-saline injection,s |
| c) Normal saline injection, | d) Mannitol injection, |
| e) Water for injection and | f) A.C.D. solution |
| for Blood banks. | |

Quality Control

The following units are having full fledged Quality Control Laboratories.

1. District Hospital, Chitradurga.
2. K.M.C. Hospital, Hubli.
3. Medical College Hospital, Bellary.
4. District Hospital, Bijapur.

The following hospitals are having only partial facility, but their requirement is supplemented by the above units or attached Medical Colleges.

1. District Hospital, Mandya.
2. District Hospital, Bidar.
3. District Hospital, Gulbarga.
4. District Wenlock Hospital, Mangalore.
5. C.G. Hospital, Davanegere.
6. Victoria Hospital, Bangalore.
7. Bowring & Lady Curzen Hospital, Bangalore.
8. K.R. Hospital, Mysore.

9. District Hospital, Belgaum.
10. Mc. Gann Hospital, Shimoga.

Except for few batches during trial production in the beginning, none of the batches manufactured in Hospital Pharmacy have failed in Quality Test.

All the units will be developed with Quality Control Laboratory.

Family Welfare and Immunisation Programme

I. Problem

The population of Karnataka has been growing rapidly. Whatever the gains derived on account of planned developmental programmes are being nullified. The growth rate of population in Karnataka which was 1.3% in 1941 has been increased to 2.2% in 1971, as a result of Social and Economic Developments including those relating to public health and medical care leading to rapid decline in mortality though the fertility rates have remained relatively stagnant.

II. Programme.

Government of India launched population control measures through the Family Welfare Programme with 100% Central Assistance, as Centrally Sponsored Scheme from the year 1952.

The goals set under Family Welfare and Immunisation Programmes are:

- 1) Crude Birth Rate to be reduced to 21 per 1000 population by 2000 A.D.
- 2) Crude Death Rate to be reduced to 9 per 1000 population by 2000 A.D.
- 3) Infant Mortality Rate should be reduced to below 60 per 1000 live births.
- 4) Net reproduction rate to be reduced to 1.
- 5) Population growth rate to be reduced to 1.20%
- 6) The effective couple protection rate to be above 60%
- 7) The life expectancy at birth to be raised to 64 years.

8) Immunisation:

a)	T.T. for pregnant Women	-	100%
b)	DPT (Infants)	-	100%
c)	Polios (Infants)	-	100%
d)	B.C.G. "	-	100%
e)	Measles "	-	100%

III. Impact of Family Welfare Programme since inception:

Had there been no Family Welfare Programme the population of the State would have been 5.60 crores by 1991, as against the census figures of 4.48 crores. The reduction is due to the work done under Family Welfare Programme by way of averting births by adopting different methods of Family Welfare Programme. The number of births averted due to implementation of Family Welfare Programme works out 1.3 crores. The main indications showing achievements under this programme are:

1. Birth rate which was 41 in 1961 has come down to 26.2 in 1992.
2. Death rate which was 22.2 in 1961 has come down to 8.5 in 1992.
3. Infant Mortality rate which was 95 in 1971 has come down to 73 in 1992.
4. The General Fertility rate which was 154.9 in rural areas and 124.9 in Urban areas in 1971 has come down to 122.9 in rural areas and 102.3 in Urban Areas during the year 1987.
5. The total Fertility level which was 4.5 in 1972 has come down to 3.3 in 1987.
6. The Expectation of Life at Birth which was 40.2 in 1961 has increased to 64.15 (Estimated) for Male and 65.30 for Female.
7. Mean-Age at marriage which was 16.4 in 1961 for female has increased to 19.21 in 1981 and 24.17 in 1961 for male has increased 25.86 in 1981.

8. Neonatal death rate which was 58.8 in 1970 has come down to 54.4 in 1986.
9. Estimated death rate for children 0-4 which was 37.5 in 1970 has come down to 24.5 in 1986.
10. The eligible couple protected by Family Welfare methods which was 23.7 in 1981 has increase to 50.25 in 1993 (Districtwise C.P.R. in Annexure-3 enclosed)
11. The Annual growth rate of population which was 2.4% in 1971-81 has come down to 1.9% in 1981-91.
12. The estimated number of births averted by Family Welfare methods works out to 1.3 crores.
13. Immunisation coverage during the year 1993-94 under:

a) DPT	- 92%	(b) Polio - 92%	(c) <u>BCG - 100%</u>
d) Measles	- 85%	(e) T.T. (P.W.)	- 95%
14. The Family Welfare beneficiaries accepted sterilisation and IUD with average number of living children during the year 1992- 93 is as follows:-

Vasectomy	-	2.7
Tubectomy	-	2.8
I.U.D.	-	1.9
15. The average age of acceptors of different methods during the year 1992-93 is

a) Vasectomy	- 32.7	(b) Tubectomy	- 27.1
c) IUD	- 24.7.		

IV) Strategies adopted in implementation of Family Planning Programme :

- 1) Couples were educated through Mass Media and IEC activities for accepting.
 - a) Small Family Norm
 - b) Importance of late marriage
 - c) Spacing methods

- d) Child Survival & Safe Mother-hood
 - e) Immunisation against 6 killers diseases.
- 2) Family Welfare & Immunisation Services were given through net work of 176 Hospitals, 1357 PHCs. 613 PHUs. and 7793 Sub-Centres.
 - 3) Private Nursing Homes have been recongnised for conducting Sterilisation.
 - 4) Medical Officers are being properly trained in technique of sterilisation operations.
 - 5) Dais are being trained to conduct safe deliveries in rural areas.
 - 6) Training is being given to Junior and Senior Health Assistants in techniques of IUD insertions.
 - 7) Voluntary institutions are involved in implementation of Family Welfare and Immunisation Programme
 - 8) Availment of co-ordination of other Government Departments.
 - 9) Lucky Dip Scheme to give prizes worth of Rs. 15,000/- per district per month.
 - 10) One additional increment for Government Employee who accepted the sterilisation operations having only two children.
 - 11) Special Casual Leave to Government Employee.
 - 12) Green cards have been issued to acceptors.
 - 13) Cash incentive given to IUD & Sterilisation acceptors.

V. Performance under F.W. & Immunisation Programme:

The performance under different methods of Family Welfare programme from 1991-92 - 93-94 is given in Annexure-I.

VI. New approach to Family Welfare Programme:

The Government of Karnataka has taken serious note of the relative decline in Karnataka's performance, reflected in key indicators (CBR, CPR, IMR) as compared to other South Indian States including Andhra Pradesh.

The time has come to introduce much needed new strategic changes in Family Welfare Programme:

1) Birth Spacing approach :

Concentration on sterilisation component has failed to provided a real solution for the population problem. It is necessary to recognise the importance of spacing method i.e. using IUD, OP and CC and hence an action programme to step up the performance in all these methods with the full and active involvement of Deputy Commissioners, Chief Executive Officers and the entire District Machinery is being planned.

2) Male Participation

In Karnataka vasectomy operation constitute less than 1% of the total sterilisation. During the next year it has been programmed that atleast 10% of the total Sterilisation will be of Vasectomy Component. One Doctor has been trained in 'No Scalpel' Vasectomy Technique and additional Doctors are being trained.

3) Linking of Family Welfare Acceptance of Vasectomy Girl Child And spacing

Government has contemplated a scheme of introducing incentive linking of Family welfare Acceptance to popularise Vasectomy, Girl Child and encourage families to adopt spacing. The incentives will be in the form of issue of National Savings Certificate ranging from Rs.4,000/- to Rs. 10,000/- depending upon the situation.

4) Community Awards

It is essential to arouse the collective interest of the entire village or community in achieving the Family welfare goals. Any Village Panchayat doing outstanding work in Family Welfare is proposed to be rewarded cash money to the extent of Rs. 50,000/- for providing community benefits (Electrification, School Rooms, Bore Wells etc.,). Easily measurable criteria are being evolved.

5) I.E.C. Activities:

Intensive IEC activities are proposed to be mounted to increase awareness especially regarding the age at marriage.

Promotion of families with Girl Child, No Scalpel Vasectomy,
Promotion of spacing and clinical trials of once-a-week pill.

Creative Film Directors are being consulted for Production of short/long films to propagate various issues in the Family Welfare field.

VII IEC Activities

Information, Education and Communication activities during the year 1993-94 have been carried out as per the Govt., of India guidelines to increase community awareness of the need to have a small family through inter-personal communication, organisational communication, Mass communication and multi-media approach. The following are the main achievement against the target during the year 1993-94.

	Activities	Target	Achievement
1	Exhibition	-	39,147
2	Folk Media Programme	1,625	1,606
3	Joint Training for Anganawadi workers and ANMs	226	194
4	Debate competition for PUC Students.	165	148
5	Film Shows	4,800	6,569
6	Film Strips	8,700	18,237
7	Press Advertisement	-	151
8	Press release	-	1,422
9	Multimedia Programme	-	41
10	Mahila Swasthya Sanghas	4,000	3,886
11	Teachers Training	125	128
12	Training for NGO's	154	-

VIII Post Patrum Programme

In Karnataka State there are 103 Post Partum Centres of different categories functioning which are as follows:

Type 'A'	-	12
Type 'B'	-	10

Type 'C'	-	17
Sub Dvn. level	-	64

The performance of PPCs shows that about 20% of the total sterilisations done in the State is the contribution from the PPCs.

IX) Medical Termination of Pregnancy

The MTP Act was passed by Parliament during the year 1971 and came into effect from 1972. There are 471 MTP Centres recognised for providing MTP services which includes State Government Institutions, Private Hospitals and Nursing Homes. They are: Government - 325 and Private (including Nursing Homes) - 146.

The number of MTP done during the year 1993-94 was 9077. There is no target fixed under this programme.

X) Universal Immunisation Programme

The Universal Immunisation Programme is being implemented in the State since 1989-90. It aims at reducing the morbidity and mortality among children and pregnant women.

With the object of achieving 100 percent coverage of Vaccination with three doses of DPT and OPV, one dose of BCG and one dose of measles before the child completes one year, Universal Immunisation programme has been implemented.

During the year 1993-94 the achievement in respect of six Vaccines viz: DPT, Polio, BCG and Measles are 93.54 percent, 93.50 percent, 101.73 percent, 88.89 percent and 93.76 percent respectively. Details of target, achievement are given in Annexure-I.

X) Child Survival And Safe Motherhood programme

This programme is being implemented from the year 1992-93 in Seven Districts, Viz: Chikmagalur, Bangalore (Rural), Bangalore (Urban), Kolar, Tumkur, Shimoga and Chitradurga with the following objectives.

- 1) To reduce infant mortality rate to below 60 from 73 by 2000 A.D.

- 2) To reduce child mortality rate from 41 to less than 10 by 2000 A.D.
- 3) Maternal mortality rate from 4 to 2 per 1000 by 2000 A.D.
- 4) Polio Eradication by 2000 A.D.
- 5) Neo-natal Tatanus Elimination by 1995.

During 1993-94 Medical Officers and Para Medial Staff have been trained in the five districts where the scheme is implemented. District wise number of Medical Officers and Para Medical Staff trained during 1993-94 are upto end of March 1994 is given below:

		Medical Officers	Para Medical Staff
1)	Bangalore (Urban)	86	312
2)	Chitradurga	182	542
3)	Kolar	155	620
4)	Shimoga	171	509
5)	Tumkur	153	577

XII) Training Programme

a) Training of Junior Health Assistant (Female)

There are 19 ANM Training Centers. One in each District is functioning in the State with an admission capacity of 30 candidates per Centre. During the year 1993-94, 560 candidates have been trained.

b) Training of Senior Health Assistant (Female)

There are four Training Centers Functioning at Bangalore, Mangalore, Belgaum and Gulbarga for giving training to inservice Junior Health Assistants (Female) for their Promotional Senior Health Assistants (Female) with an admission capacity of 30 candidates in each Centre. During the year 1993-94, 120 candidates have been trained.

c) Dais Training

Local Dais are being trained for 30 working days at Primary Health Centres and Sub-Centres by paying stipend of Rs.300/- per month, per candidate. After the training they will be given delivery kit and they are paid Rs. 3/- per delivery. During 1993-94, 1772 Dais have been trained as against the target of 1750.

d) Crash Training Programme

Health Assistant (Female), Senior and Junior are trained in the technique of IUD insertion in Post Partum Centres at the District level.

e) Medical Termination of Pregnancy Training

MTP training is being given to the Doctors working in various hospitals, Primary Health centres and Primary Health units in 10 Training Institutions attached to the Teaching Institutions for 30 days. During 1993-94, Twenty four doctors have been trained.

f) Laproscopic Training

Leproscopic sterilisation Technique will be given to the Doctors who have completed Post Graduate Diploma in OBG alongwith one OT Nurse and One O.T Attendant at Vani Vilas Hospital, Bangalore, Karnataka Medical College Hospital, Hubli, Kasturba Medical College, Manipal and District Hospital, Belgaum and Gulbarga for 45 days. During 1993-94 twenty doctors have been trained.

g) Condensed General Nursing Training

Lady Health Visitors are provided condensed General Nursing Training for a period of six month with admission capacity of 30 candidates each at District Hospital, Chitradurga and Dharwad. During 1993-94, 17 candidates have been trained.

h) The details of Budget allocation & Expenditure statement is given in Annexure-2.

Annexure -1

National Family Welfare Programme

Programme	1991-92			1992-93			1993-94		
	Target	Achievement.	%	Target	Achievement	%	Target	Achievement	%
I. F.W. Programme									
1. Sterilisation	345000	301035	87.3	360000	331554	92.0	380000	356305	93.8
2. I.U.D	275000	232258	84.5	290000	237820	82.0	300000	274998	91.7
3. C.C. Users	270000	251274	93.1	280000	265022	94.6	357000	317854	89.0
4. O.P. Users	80000	82304	102.9	112000	81561	72.8	140000	107495	76.8
II. Immunization									
1. D.P.T.	1148400	1065616	92.8	1185800	1088063	91.7	1229367	1149909	93.5
2. Polio	1148400	1067386	92.9	1185800	1091043	92.0	1229367	1149445	93.5
3. B.C.G.	1148400	1133730	98.7	1185800	1189461	100.3	1229367	250681	101.5
4. Measles	1148400	970836	84.5	1185800	1013485	85.5	1229367	1092823	88.9
5. D.T.	897500	872120	97.2	95000	956344	100.7	1169400	991346	84.7
6. T.T. (P.W.)	1248700	1183935	94.8	1275100	1216273	95.4	1358345	1273572	93.8
7. T.T. (10 Years)	801600	645557	80.5	856000	733897	85.7	1179800	837536	70.9
8. T.T. (16 Years)	801600	430033	53.5	856000	499376	58.4	1082100	584724	54.0

ANNEXURE-2

DETAILS OF BUDGET ALLOCATIONS AND EXPENDITURE FOR 1993-94 UNDER 2211 F.W. AND 4211 OO F.W.

Sl.	SEhemes	Budget allocation	Expenditure for 93-94s for 93-94 as per MMR (Provisional)	Remarks
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I. CENTRALLY SPONSORED SEHEMES :

1.	Direction and Administration	333.43	307.99	
2.	Rural FW Servicess	2024.09	2134.34	
3.	Urban FWsss Services	354.5	125.54s	
4.	Maternity and Child Health	357.00	357.00	
5.	Trasnsport	209.09	126.75	
6.	Compensation	891.00	522.86	
7.	Otherss Services & Supplies	540.50	450.10	
8.	Mass Education Media	63.50	50.00	
9.	Training	63.50	50.00	
10.	IPPVIII	-	-	
11.	IPP-IX	-	-	
	TOTAL	4975.77	4238.58	

II. STATE PLAN SCHEMES:

1.	Maintenance of computor	4.00	2.43	
2.	Safe Motherhood & Child Survival	3.00	3.00	
3.	Disposssable delivery kits	10.00	10.00	
4.	Lottery Scheme	36.00	12.03	
5.	Insusrance Scheme	1140.77	130.14	

6.	Transporation of Vaccine from Regional District Stores	2.00	1.50
7.	Community Awards	3.00	-
8.	Supply of Drugs under FW Programme	60.23	50.00
9.	IPP III	79.00	50.00
10.	Maintenance of Equipments	-	-
11.	Maternity & Child Health Care at PHC's level	-	-
	Total	338.00	259.10

III. STATE FUND (NP)

13.	IPP -(NP)	450.76	300.85S
	Total of 2211-FW	5764.53	4798.53

IV Buildings-4211 (c.o)

	GRAND TOTAL	5764.53	4798.53
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ANNEXURE-3

Disstrict Wise total No. of Eligible Couples protected by Different Family Welfare methods in karnataka.

SL. Districts NO.	As on 31.3.89	As on 31.3.90	As on 31.3.91	As on 31.3.92	As on 31.3.93	Birth rate based on <u>Sterilisa</u> <u>tion only</u>
1. Bangalore(U)	47.6	48.6	45.9	46.89	47.95	26.54
2. Bangalore (R)	46.5	46.9	50.5	52.45	56.10	23.96
3. Chitradurga	47.5	47.2	48.8	50.26	50.67	25.14
4. Kolar	45.6	45.6	48.6	51.26	52.00	25.26
5. Shimoga	48.3	49.9	56.3	57.82	58.98	22.80
6. Tumkur	46.1	47.1	50.3	50.06	51.36	25.07
7. Belgaum	40.9	41.6	45.6	47.84	47.99	25.62
8. Bijapur	35.9	38.4	45.5	46.41	45.87	<u>27.78</u>
9. Dharwad	41.1	41.7	45.5	47.52	49.10	25.66
10. U.Kannada	35.7	36.4	40.1	41.56	42.62	<u>28.84</u>
11. Bellary	38.5	39.1	39.3	40.29	41.33	<u>28.28</u>
12. Bidar	42.5	43.6	45.0	46.87	47.62	26.91
13. Gulbarga	30.0	30.4	31.0	32.81	35.84	<u>31.13</u>
14. Raichur	35.1	36.3	34.7	35.88	37.13	<u>30.62</u>
15. Chikmagalur	54.8	56.1	64.3	65.87	66.13	20.14
16. D,Kannada	33.6	34.7	40.4	41.86	43.06	28.06
17. Hassan	55.6	57.1	63.8	64.78	66.56	<u>20.18</u>
18. Kodagu	51.7	51.7	60.9	62.92	63.36	<u>21.84</u>
19. Mandya	55.3	56.5	63.7	65.59	68.47	<u>19.44</u>
20. Mysore	54.4	56.2	60.2	63.04	63.52	<u>21.68</u>
State Total	43.6	44.5	47.6	49.13	50.25	25.72

Note : We can rely on sterilisation as it correlates with S.R.S Birth rates.

The birth rate of South kanara and North kanara are High if taken couple protection rate but in reality the birth rate of these two districts are less as per the study report i.e. South kanara- 23.0 (1987) North kanara-22.1 (1991)

NATIONAL LEPROSY ERADICATION PROGRAMME

1. INTRODUCTION :

Leprosy is a major public health problem and also a social problem in the state. The National Leprosy Eradication programme was conceived of as a Control programme and launched in 1954-55. Its main thrust was early detection, sustained and regular treatment of all patients with Depsona. This had Some Limitations like treatment was long and irregular treatment lead to development of drug resistance.

To overcome these limitations, Multi Drug Treatment was introduced in all the endemic districts which had a prevalence rates of 5 and more per 1000 population. This became the National Policy after 1982.

2. Main Objectives :

- 2.1 Rendering all infectious cases, non-infectious in a short period by early detection and treatment.
- 2.2 Preventing deformities by early detection and prompt treatments.
- 2.3 To Disseminate correct information about the disease and removing misconception by means of Health Education for the community, Family and individuals.
- 2.4 To Provide rehabilitation services to cured persons.
- 2.5 Arresting the diseases in all leprosy cases by 2000 A.D

3. Strategies to achieve objectives :

- 3.1 Case detection : Case detection by various types of survey which are time bound and target oriented like total, school, contact and rapid surveys.
- 3.2 Voluntary reporting through intensive Mass communication and extensive education.

4. Treatment :

Treating of all detected cases in a Short period regularly.

5. **Case holding** : For case holding, through pre-clinic drives and intensive health education.
- 5.1 **Monitoring** : Monitoring of self drug administration of daily drugs. This can be done through intensive Health Education and random spot testing of urine.
- 5.2 **Follow up of defaulters** : Direct activities through Health Workers and indirectly through letters and involving voluntary organisations.

KARNATAKA

Karnataka is considered a low Endemic State. There are 24,522 cases. So far, 2,78,133 cases have been cured with M.D.T from 1986.

1. Infrastructure facilities available for eradication of leprosy in Karnataka is as follows :

Joint Direct Leprosy (E.P.S.T)	1
Sample Survey cum Assessment Units	4
District Leprosy Officers	20
National Leprosy Control Centres	31
Modified Leprosy Control Units	14
Urban Leprosy Centres	49
Survey Education and Treatment Centres	677
Temporary Hospitalisation Ward	30
Leprosy Training Centres	2
Leprosy Rehabilitation & Promotion Unit	2

In addition to this infrastructure, there are 26 voluntary organisation working for Eradication of Leprosy. There are 1110 beds available, of which 410 beds are maintained by Voluntary Organisations for which grant-in-aid is provided by Government of India at the rate of Rs.185/- per bed for adults and Rs.90/- per bed for children.

2. During 1993-94 Targets & Achievements :

		Target	Achievement	%
2.1	New Cases detection	20,000	26,465	136.32
2.2	Cases Cured	40,000	30,462	76.16

3. **Multi Drug Treatment** : As per the main objectives of M.D.T. Projects were taken in 10 districts in a phased manner from 1986 to 1992.

The prevalence rate has been drastically reduced, due to early detection, regular treatment, monitoring of self drug administration and follow up of defaulters. 50% of villages in the state are free from leprosy cases. 35% of cases are voluntary reporting.

In non-project districts, cases were detected and treated through S.E.T. clinics, PHCs, under the supervision of Medical Officers of the concerned institutions. It is proposed to take up M.D.T. projects in these districts during the year 1994-95.

This shows that the awareness created in the community is very high.

4. Surveillance :

Apart from active surveillance and voluntary reporting S.S.A.U. & EPST Units have been carrying out Epidemiological Surveillance & Sample Surveys during 1993-94 in 4 Dists. 239 villages are covered, in 69 schools survey has been conducted & 349 new cases were detected.

5. Evaluation : For evaluation of the programme:

- 5.1 Monthly and quarterly reviewing is being conducted to know the programme activities.
- 5.2 Supervision : State Leprosy Officer, District Leprosy Officers, Medical Officers and Non-Medical Supervisors have taken frequent field visit.

- 5.3 Consultants : Appointed by Government of India are also evaluating the programme and guide in implementation of the programme. Prompt feed back is given to the Director and District Leprosy Officers.

6. Training

A three day orientation training under National Leprosy Eradication Programme has been given to Medical Officers of Primary Health Centres, Primary Health Units, Senior and Junior Non-Medical Supervisors, Para Medical workers and Multi Purpose Workers.

Upto the end of September, 1939, the orientation training given to different categories of posts is mentioned below:

1. Medical Officers of PHCs/PHUs 997
2. Para Medical Workers & Non-Medical Supervisors (Jr. & Sr.) 1375
3. Multi Purpose Workers 3217
7. **Patches** : Among newly detected cases single patch cases are more. This shows early detection. Nearly 50% cases are single patch cases.
8. **Budget** : During 1993-94

		Plan : (Rs. in lakhs)	
		Govt. of India Assistance	Expenditure
		Cash	Kind
1.	Centrally Sponsored Scheme :	100.00	80.00* 32.76
* Rs. 80.00 lakhs worth of drugs, Microscopes and Health Education Materials Were supplied from Government of India			

	Budget Provision	Expenditure
2. State Sector Scheme	Rs. 30.00	Rs. 22.05
	Non-Plan	
National Leprosy Eradication programme	286.50	186.15

National T.B. Control Programme

The Main Objectives of the Programme Are :

To provide facilities for diagnosis of T.B. patients through Integrated General Health Services.

To provide free domiciliary treatment to the patients and

Health Education to encourage patients to seek diagnosis and complete treatment.

The Major Regulation Functions Are :

Supervision of T.B. Programme throughout the State.

To look after the supplies made by Government of India as well as State Share and

To supervise the Seminar and camps conducted by the District Programme Officers.

Implementation of TB Programme

All the Twenty Districts of the State are provided with District TB Centre Staff for implementation of National TB Control Programme which includes case finding, treatment, case holding, supply of syringes, supply of anti TB drugs, Chemicals, X-Ray films, slides, sputum cups, microscopes, X-ray machines, vehicles and stationery, supervision of Health Education activities and training of both Medical and Para Medical personnel.

Strategies Adopted for achieving the objectives are

Identification of symptomatics;

Sputum examination for TB Bacilli at all Primary Health Centres and District TB Centres;

Detection of X-ray positive TB Suspects by M.R., examination of all District TB Centres and X-ray centres;

To provide optimum treatment for TB Cases, Motivation of TB cases and defaulters; and, Follow-up examination for cure.

Training

During the year 1993-94 the training programme under National TB Control Programme was arranged for the Departmental Staff.

Category of Staff trained during 1993-94 are as follows:

1. House Surgeons	370
2. Senior Health Assistants	75
3. Block Health Educators	10
4. Post Graduate Students	30
5. Under Graduate Students	73
6. Medical Officers	12
7. Nursing Students	73
8. Sanitary Inspectors	34

PHYSICAL ACTIVITIES

TARGETS AND ACHIEVEMENTS DURING THE YEAR 1993-94.

Detection of New T.B. Cases Sputum Examinations conducted

Target	Achievement	Percentage	Target	Achievement	Percentage
67,790	77.0		1,85,200	2,11,710	114.3

FINANCIAL ACTIVITIES

BUDGET PROVISION AND EXPENDITURE DURING THE YEAR 1993-94

Central (Plan)

Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
111.00 lakhs	102.31 lakhs	107.00 lakhs	12,71,887-00	65,72,000-00	50,01,447-00



National Programme for control of Blindness

National Programme for Control of Blindness was formulated in 1976 as a Centrally sponsored scheme.

Objective : The programme aims at reduction in the incidence of blindness from 1.4% to 0.3% by 2000 A.D. The main cause of blindness is cataract which covers 82% of the cases. The population of Karnataka is about 4.5 crores. The incidence rate in Karnataka is 1.29%. To tackle this aspect the following infrastructure was developed.

1. One State Ophthalmic Cell has been created to plan, monitor and to evaluate the programme.
2. Minto Hospital, Bangalore, has been upgraded as a Regional Institute of Ophthalmology to provide advanced eye health care.
3. Four medical colleges have been upgraded to provide higher clinical ophthalmic service. They are (1) JJM Medical College, Davangere, (2) JN Medical College, Belgaum, (3) KMC Hubli (4) Medical College Hospital, Mysore.
4. All District hospitals of Karnataka have been developed to provide surgical/clinical ophthalmic services.
5. Four Central Mobile Ophthalmic Units are functioning in four Revenue Divisions.
6. Fourteen District Mobile Ophthalmic Units are established at Davangere, Chikmagalur, Bijapur, Raichur, Karwar, Tumkur, Hassan, Shimoga, Dharwad, Mangalore, Mandya, Bidar, Kolar and Bellary.
7. Three hundred and thirty six PHCs were developed with the creation of Ophthalmic Assistants Posts at the rate of one to each PHC.
8. Three eye banks are functioning at Minto Hospital, Bangalore, KR Hospital, Mysore and District Hospital, Belgaum to provide grafting services.

9. A pilot Project of Tumkur District with the assistance of Danish International Development assistance (DANIDA) showed good progress. Additional inputs like instruments, drugs, equipments and vehicles are being provided under this programme since 1989. DANIDA has now extended the scheme to the entire State. DANIDA is supporting NPCB Programme by providing the following facilities.

- a) Equipment and vehicles to Mobile Ophthalmic Units.
- b) Equipments to PHCs.
- c) Continued Education training programme for Medical Officers of PHCs and Para Medical Ophthalmic Assistants.
- d) Recurring expenditure of State Ophthalmic Cell.
- e) Supporting Pilot District of Tumkur with financial assistance.
- f) Supporting and monitoring of District Blindness Control Societies.

Under the DANIDA Programme, in all Districts, Districts Blindness Control Societies have been established. The Deputy Commissioner is the Chairman. The District Programme Manager is being appointed by DANIDA who is the Member Secretary.

The following are the functions of the District Blindness Control Societies.

- i) To periodically assess the magnitude of the problems of blindness in the District and to monitor and report.
- ii) To activate voluntary organisation in arranging camps.
- iii) To provide free spectacles to the poor patients who have undergone cataract surgery.

DANIDA is giving financial assistance directly to these Societies through Government of India.

Physical Target and achievement under this Programme:

Table depicting the progress under Cataract operations.

Sl. No.	Year	Target	Ach.	%age
	1993-94	1,40,000	93,359	66.7

Allocation of Funds & Expenditure

(Rs. in lakhs)					
State non-plan (Health)			State Plan Schemes (Health)		
Year	Allo cation	Expenditure	Year	Allo cation	Expen diture
1993-94	65.16	58.44	1993-94	30.00	12.35

3. Medical Education State Plan.
Scheme Allocation and Expen-
diture.

Allocation of funds & expenditure
Under Central Plan Schemes (in-
cludes Health & Medical
Education) 100%

Year	Allo cation	Expen diture	Year	State Govt. Provision	Govt. of India alloca tion	Expen diture
1993-94	50.00	11.05	1993-94	50.00	70.44	27.61

NATIONAL MALARIA ERADICATION PROGRAMME

The main objective of the programme is to prevent deaths due to Malaria and to bring down the incidence of malaria to such an extent that it is no longer a Public Health Problems.

The main components of the programme are as follows:

- | | |
|--------------------------------|-------------------|
| 1. Surveillance | Primary Control |
| 2. Detection | |
| 3. Radical treatment | |
| 4. Residual insecticidal spray | Secondary Control |
| 5. Bio-environmental Control. | |

Malaria is declared as a notified disease under the Public Health Act.

Organisational Setup:

The National Malaria Eradication Programme is implemented at various levels. The Director of Health and Family Welfare services is the Head of the Programme which is monitored and guided through the Joint Director (M&F) at the State Head Quarters. He is assisted technically by the Deputy Director (M&F), Senior Entomologist and a Scientific Officer. The Central Malaria Laboratory with 21 experienced Laboratory Technicians and a Health Supervisor along with office staff assist in the day to day implementation of the programme. The Directorate forms a bridge between the Central and State Governments for executing the guidelines, as the programme is on a 50:50 sharing basis.

At the Zonal level 4 Deputy Directors, one for each Zone are responsible for monitoring the programme. They assist the Assistant Entomologist and 2 Senior Laboratory Technicians along with 2 Insect Collectors. 19 District Malaria Officers with field staff are responsible for implementation of the programme in the District, through the Medical Officers of Health of Primary Health Centres. The Junior Health Assistants (Male) of the PHCs conduct House to House survey of fever cases on a fortnightly basis while Junior Health Assistants (Female) collect blood smears on a weekly basis. They also treat all positive cases, administering presumptive treatment and assist in residual Insecticidal spray.

Performance:

During the year under report, a total of 70,98,519 blood smears were collected and examined in the State, out of which 1,96,466

malaria cases were detected. 49,246 were Pf. cases. The problematic Districts which have reported high incidence of Malaria were Chikmagalur, Tumkur, Hassan, Chitradurga, Kolar and Mysore.

The main reasons for increase in the incidence of malaria as compared to 1992-93 (the increase reported is 142% as compared to 1992-93) is attributable to the following factors:

1. The railway monogauge conversion project have attracted huge labour population from high malaria incidence areas of Tamilnadu, Andhra pradesh and Maharashtra, which have settled in the endemic belt of Tumkur, Chikmagalur, Hassan and Chitradurga Districts, since April, May 1993, which resulted in outbreak of Maralia in pockets.
2. Added to the above problem Government of India did not supply adequate quantity of insecticides during 1993, which caused suspension of residual spray for both the rounds during 1993.
3. 747 posts of vacancies of Laboratory Technicians out of 1130 posts, combined with heavy inflow of Blood smears led to a constant backlog of blood smears for examination, leading to delay in radical treatment. Action has been taken to fill up the vacancies immediately.
4. Due to the increase of Positive cases, the buffer stock and the pipeline stock of anti-malarial drugs got exhausted and subsequent delay in supplies from Government of India, especially Primaquine tablets, cause some delay in radical treatment.

Physical Achievement

Year	Popula- tion	No. of B/s. exami- ned	No. of MPP cases	No. of Pf cases	ABER	API	SPR	SFR	%RT
1992-93	38935958	6 918592	81057	16826	17.7	2.0	1.1	0.2	96.9
1992-93	41707834	7098519	196466	49246	17.8	4.9	2.7	0.6	97.0

Financial Achievements:

Plan					Non-Plan	
Budget allotted			Expenditure		Budglloted Expenditure	
year	State	Centre	State	Centre	Rs. in lakhs	
Rs. in lakhs			Rs. in lakhs			
93-94	453.39	346.31	573.08	220.00	590.00	441.64

Urban Malaria Scheme

Urban Malaria scheme is functioning in the following towns and cities.

- | | | | |
|--------------|------------|------------|----------------|
| 1. Bangalore | 2. Bellary | 3. Belgaum | 4. Hospet |
| 5. Raichur | 6. Hassan | 7. Tumkur | 8. Chikmagalur |

Antilarval measures like sources reduction, biological methods through larvivorous fish and application of larvicides on weekly basis are carried out to arrest vector density to such a low level that local transmission is completely intercepted.

National Filaria Control Programme:

Filaria control activities are continued in the Districts of Gulbarga, Bidar, Bijapur, Raichur, Dakshina Kannada and Uttara Kannada

Under Filaria Control Programme 7 Filaria Control units and 24 Filaria Clinics have been established for control of filariasis in the endemic towns. One filaria survey unit is functioning in Raichur District for conducting filaria survey unit is functioning in Raichur District for conducting filaria survey in the District.

Physical Achievements:

Year	No. of persons examined	No. of persons Positive for microfilaria	No. of persons positive for disease manifestation	No. of cases treated
1993-94	137606	1520	5420	6378

Diarrhoeal Diseases and Communicable Diseases Control Programme Introduction :

Diarrhoeal Diseases and Communicable Diseases Control Programme deals with Communicable disease like Guinea Worm Eradication programme, Gastroenteritis, Cholera, Japanese Encephalitis, Kyasanur Forest Disease and other Communicable diseases like, viral Hepatitis, Typhoid, Plague and Handigodu Syndrome disease.

Guinea Worm Eradication Programme (Centrally Sponsored Scheme)

Guinea Worm Eradication Programme was started in Karnataka during 1981-82 on a 50:50 sharing basis between State and Centre. Out of 20 districts 8 Districts were found to be endemic. They are Bellary, They are Bellary, Raichur, Gulbarga, Bidar, Dharwad, Karwar, Belgaum and Bijapur. At present Guinea Worm cases are reported from the districts of Gulbarga, Raichur and Bijapur.

The important aspects of this programme are as follows:

1. Prompt implementation of the programme to eradicate the disease at Village level to achieve zero incidence by 1994.
2. To identify un-safe drinking water sources in the affected villages.
3. Treat the un-safe drinking water sources with Temphos.
4. Bandaging wounds of all Guinea Worm patients.
5. Intensifying Healths Education activities.
6. Intensifying the search and supervision every month in the infected cases.

Physical Progress.

The incidence of Guinea Worm cases during 1993-94 are as follows :

Sl No	District	G.W. affected villages under active surveillance	G.W. cases
1	Bijapur	8	8
2	Gulbarga	17	1
3	Raichur	26	9
Total		51	18

Financial Progress

years

1993-94

Budget allocation

Rs. 3.00 lakhs

Expenditure

Rs. 2.36 lakhs

Gastroenteritis and Cholera

Karnataka is endemic for Cholera/Gastroenteritis, almost every year during pre and post monsoon. We are encountering cases of Cholera/Gastroenteritis. In order to contain the disease, Government of Karnataka has sanctioned "5 District Cholera Combat Teams" and these are located in endemic districts of Karnatak, i.e., Two in Gulbarga Division (a) Gulbarga (b) Bellary, one in Belgaum Division i.e., Bijapur - one in Bangalore Division i.e., Chitradurga and one in Mysore Division i.e., Mysore. These teams are headed by a Medical Officer and other Para Medical Staff and provided with a vehicle for itineration. The main activity of these Cholera combat Teams is to make epidemiological investigations and also to take containment measures, whenever epidemics occur.

Sinking of Bore Wells in Rural areas and supply of safe drinking water in Towns by local Municipalities, the incidence of water borne diseases are reduced.

Due to heavy rains and floods during October and November 1993 outbreak of epidemic was reported in the districts of Gulbarga

Bidar, Bijapur, Raichur, Dharwad, Belgaum and Bellary, more number of Gastroenteritis and Cholera cases were reported.

All preventive measures viz., Chlorination and contaminated water, treatment of Gastroenteritis/Cholera patients, anti- Cholera inoculations, distribution of O.R.S. packets, disinfection of houses were taken up. Health Education to the public through All India Radio, Dooradarshan, pamphlets, posters, by Microphone were given.

Physical Progress

Incidence of Gastroenteritis/Cholera during the year 1993-94 were as follows:

Gastroenteritis		Cholera		Anti Cholera Inoculations done
Attack	Deaths	Attack	Deaths	
31,171	714	369	14	23,26,487

Viral Hepatitis

Though the disease is not directly related to Diarrhoeal disease it is caused by contamination of water and food.

The incidence of Viral Hepatitis during the year 1993-94 is as follows:

Attacks	Deaths
874	7

Typhoid

Typhoid disease is in epidemic form. The incidence of Typhoid during 1993-94 was reported in Epidemic form from two districts viz., Chikmagalur and Kodagu.

Attacks	Deaths
617	4

The affected villages and Towns were taken up for control of fly nuisance and all drinking water sources have been chlorinated with bleaching powder.

Financial Progress:

For the control of Diarrhoeal Disease the State Government have allocated (under State Sector Plan Scheme) a sum of Rs. 10.00 lakhs for the purchase of medicine, dis-infectant and to supply the same to the epidemic districts through the Government Medical Stores, Bangalore, during 1993-94.

Year	Budget allocated	Expenditure
1993-94	Rs. 10.00 lakhs	Rs. 10.00 lakhs

Japanese Encephalitis

This disease is commonly found in Tumkur, Mandya, Kolar, Raichur, Chitradurga, Bellary and Bangalore Rural Districts.

Physical Progress

The incidence of Japanese Encephalitis cases were reported from only three districts viz., Bellary, Kolar & Mandya during 1993- 94.

Suspected case		Confirmed	
Attacks	Deaths	Attacks	Deaths
292	67	83	17

Necessary arrangements have been made in all District Hospitals to treat all the suspected cases of Japanese Encephalitis. Preventive measures, sergregation of pigs from residential places is carried out by the co-operation of local authorities.

Financial Progress

During 1993-94 the State Government have allotted Rs. 1.00 lakh to purchase and supply of drugs and disinfectants to the affected districts through the Government Medical Stores, Bangalore.

Year	Budget allocation	Expenditure
1993-94	Rs. 1.00 lakh	Rs. 1.00 lakh.

Kyasanur Forest Disease

This disease is prevalent in the Districts of Shimoga, Uttara Kannada, Dakshina Kannada and Chickmagalur.

The disease is prevalent in the Taluks of Thirthahally, Hosanagar and Soraba in Shimoga Districts, Honnavara, Bhatkal, Kumta, Supa and Yellapura Taluks in Uttara Kannada District, Koppa Taluks in Chickmagalur District and Belthangadi Taluk in Dakshina Kannada District.

In addition, the surveillance activities are carried out by the staff of both field stations and field staff of District Health and FW Office, for diagnosis, treatment and prevention.

Physical Progress

The incidence of Kyasanur Forest Disease during 1993-94 are as follows:

No. of suspected cases		No. Confirmed	
Attacks	Deaths	Attacks	Deaths
431	2	83	2

The results of specimens of Kyasanur Forest Disease -Virus Diagnostic Laboratory, Shimoga are as follows:

Specimen	No. of Blood samples		Confirmed for KFD
	Collected	Examined	
Human	431	431	83
Monkeys	54	54	nill
Total	485	485	83

Before the onset of the Kyasanur Forest Disease insecticidal spray is taken to destroy the tick on animals. This is done with the co-operation of the staff of Amlal Husbandary Department, Staff of other Departments and local people.

Handigodu Syndrome:

This is a peculiar disease found in few villages of Shimoga and Chikmagalur Districts and found in Harijan families. This disease will

cause the disability mainly because of its affliction of hip joints and knee joints.

The rehabilitation and symptomatic treatment are given to these patients. The officials who were working under the I.C.M.R. have been continued to work in the same programme.

Physical progress:

The incidence of Handigodu Syndrome during 1993-94 is as follows:

	District	No. of Villages	No. of Cases
1.	Shimoga	49	349
2.	Chikmagalur	30	262

National AIDS Control Programme

The National AIDS Control Programme is being implemented in the State as per the guidelines of National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India. This is a 100% Centrally Sponsored Scheme.

The State AIDS Cell is established during May 1992 in the Directorate of Health and FW Services to monitor and supervise the activities under various components of National AIDS Control Programme. The State level empowered committee is constituted under the Chairmanship of Chief Secretary, Government of Karnataka.

Surveillance and clinical Management

Three AIDS Surveillance Centres are functioning which are taking up Surveillance and Sentinel Surveillance activities. Two Physicians Responsible for AIDS Management (PRAM) are identified and trained at National level by NACO/WHO.

Blood Safety programme

Nine Zonal Blood Testing Centres are established and functioning. All the Blood Banks i.e., Government, Private and Voulitary Blood Banks are linked to these Zonal Blood Testing Centres for

screening for HIV to ensure Blood Transfusion safety. Six Blood Banks have been modernised during 1992-93. Remaining Blood Banks are considered for Modernisation by way of supply of equipments and consumables during 1994-95 and onwards.

One Blood Component separation facility is sanctioned and will be established during 1994-95 at Kidwai Memorial Institute of Oncology, Bangalore.

Sexually Transmitted Disease Control Programme

The Service Care at the existing 24 STD Clinics attached to Major Hospitals and Teaching Hospitals are strengthened by way of supply of equipments, drugs and laboratory supplies.

Information, Education And Communication

Health Education materials received from National AIDS Control Organisation were translated in Kannada language and the same were got printed and distributed to District Health and F.W. Officers, and District Surgeons for awareness creation.

12 Television spots and 30 Radio Jingles with messages on AIDS Prevention and Control in Kannada language were procured and are being advertised through Doordarshan and All India Radio. 2 types of Audio Cassettes on Songs and Drama are procured and distributed to District Health and F W Offices to take up awareness campaigns in rural areas. Periodical News Paper advertisements are given to the Information and Publicity Department.

Training Programme

Following Category personnel have been trained on AIDS Prevention and Control as on end of March 1994:

1.	District level hospitals physicians/ Paediatricians.	58 Doctors
2.	Faculty Members of various specialities of Medical Colleges.	20 Doctors
3.	Physicians Responsible for AIDS Management	2 Doctors
4.	Blood Bank Laboratory Technicians	4 Techni/cians
5.	Blood Bank Officer, Blood Component Separation facility.	One Blood Bank Officer.

University Talks on Aids Programme

This Programme is being implemented in the State since 1992-93 by the National Service Scheme. Training Programme for Youths and College and University teachers are being takenup.

A total of 3,33,518 Blood samples have been screened from 1987 till the end of March 1994. Out of which, 1353 are found HIV Positives. 20 Full Blown AIDS cases are reported out of which 17 have died.

Sentinel Surveillance activity were takenup as per the approved Protocol of National AIDS Control Organisation at STD Clinics, Victoria Hospital, Bangalore, and STD Clinic, Karnataka Medical College Hospital, Hubli.

Financial Release By NACO, Government of India

Year	Releases	Expenditure (Rupees in lakhs)	Balance	Remarks
1992-93	69,992	3,800	66,192	Carried forward 93-94
1993-94	53,081	74,868	38,692	Carried forward to 94-95

Health Education And Training

Health Education and Training section of this Directorate is responsible for training activities both inservice and preservice, preparation and printing and distribution of health education materials, procurement of audio visual equipments, school health services in the lower and higher primary schools in the state, putting up of health stall in Dasara Festival at Mysore and in other places during major fairs and festivals, student health education in Primary schools and field trial of health education materials (pre-testing) Supervision and demonstration of health activities in selected areas including the training of teachers etc.,

1. Activities during 1993-94

World Health Day on 7th April 1993 on the theme "Handle Life with Care-Prevent Violence and Negligence" was observed in a befitting manner at State, District and PHC's level. 960 Programmes were organised and 1923 small exhibitions were conducted in the State.

2. Exhibitions Conducted

The Directorate Participated in an exhibition by putting up health stall from 16.10.93 to 13.12.93, during Mysore Dasara and provided technical support, materials and guidance to District Health and FW Officer, Tumkur, to put up Health stall at Siddaganga Jatra, Tumkur.

Similarly technical assistance and materials were given to SEARB Bangalore to Conduct small exhibition of Jigani and Anekal of Bangalore Urban District.

3. Production of Health Education Materials, High Band U-Matic, HIBAND Video Films of Short Duration.

Booklets, folders, posters and stickers have been prepared containing health messages on theme of World Health Day of 1993, Iodine Deficiency Disorders, Water Borne Diseases, Prevention of Food Adulteration, Kysanur Forest Disease, Smoking, School Health Programme, Japanese Encephalitis and Nutrition.

U-matic high band video films of fifteen minutes duration are being produced on water Borne Diseases, Filariasis, Prevention of Blindness, Leprosy and Japanese Encephalitis.

Hoardings are being put in 16 places with message of Leprosy Eradication.

Training

Inservice training to the untrained Junior Health Assistants (Male) in Health Inspector's Course of one year, training to Medical Officers, Block Health Educators, Senior Health Assistants (Male and Female), Junior Health Assistants (Male and Female) under continued Education for two weeks at five Health and F.W. Centres located at Bangalore, Hubli, Gulbarga, Ramanagar and Mandya has been given. The training

of Medical Officers working under National Leprosy Eradication Programme, Medical Officers and Paramedical Staff working at PHCs and CHCs were given Training in Leprosy Eradication at Leprosy Training Centre Bangalore, Gulbarga and H&FWTC, Hubli for duration of 3-5 days.

X-Ray Technician Training of the one year duration (Pre-service) was conducted at Six centres attached to District Hospitals of Shimoga, Hassan, Karwar, Bijapur, Gulbarga, & Bidar Out of 36 Candidates selected 20 candidates completed the Course and passed in the final examination.

The progress of training activities during 1993-94 under various programmes are as follows.

Training Activities During 1993-94

Continued Education

Sl. NO	Category	No. of Persons Trained.
1	Medical Officers	231
2	Lady Medical Officers	35
3	Block Health Educators (at HFWTC)	54
4	Block Health Educators (Chetana)	75
5	Senior Health Assistants (Male)	200
6	Senior Health Assistants (Female)	249
7	Junior Health Assistants (Male)	131
8	Junior Health Assistants (Female)	145

Leprosy Eradication Programme

Orientation Training to:

i) Medical Officers (for 3 days)	523
ii) Non-Medical Supervisors	39
iii) District Leprosy Officer & Medical Officers (for 7 days)	9

Inservice Basic Training

Health Inspectors Training Course to untrained Junior Health

Assistances (Male)

370

Pre Service Basic Training

X-Ray Technician Training Course

25 (20 passed)

(One year Training)

Para Medical Workers (Four months training)

26(24Passed)

Others Training

Senior and Junior Health Assistants (female) by

119

MTT Bangalore

Junior Health Assistant (Male & Female)

85

District Level Medical Officers under WHO assistance

27

Training in other Institutions

	Within the State	out side the State but within thin country	Out side the country
1 Medical Officers	190	7	2
2 Paramedical Staff	275	6	1

School Health Programme

The progress under school health programme is as under during 1993-94.

1.	No. of Students in the School (1,4, & 7th Standard students of Primary & Higher Schools)	2555427
2.	No. of Students medically examined	2315111
3.	No. of Students found defective	274787
4.	No. of Students followed up for defects	137060

Immunisation Services provided

1.	No. of Students given D & T	1087169
2.	No. of Students given TT	866815

3.	No. of Health Talks given in Schools	137522
4.	No. of Teachers trained in School Health	13082

Programme.

Four mobile ophthalmic cum Dental specialists units attached to Divisional Joint Directors of Health and F.W.S. services are functioning under this programme in the State. The progress achieved under this programme are as follows.

1.	No. of Primary Health Centres visited	124
2.	No. of Schools visited	591

Ophthalmic

1.	No. of Students Examined	54690
2.	No. of Students found defective	2397
3.	No. of Students treated	2243
4.	No. of Students advised to use Spectacles	559
5.	No. of students referred to institutions	4704

Dental

1.	No. of Students Examined	41296
2.	No. of Students found defective	10201
3.	No. of Students treated	9797

Field Study and demonstration Cell

This cell undertook the field trials of Health Education materials prepared, methods of Health Education and media with demonstration in selected 18 villages of Primary Health Unit, Agrahar under Primary Health Centre Hesaraghatta of Bangalore Urban District. The activities also includes training of School Teachers, Supervision and guidance to Para Medical Staff of Primary Health Centres.

Student Health Education Unit

This unit has undertaken writing of manual for teachers of Primary and Higher Primary Schools on Health Subjects for the syllabus included in 5th-7th standards. This unit has also supervised and guided the Health Education activities in schools and also teacher training institutions by visiting the institutions in the districts.

Nutrition Programme

The main objective of the programme is reduction of severe and moderate malnutrition among the children of below 5 years with specific goals of:

- i) Control of Vitamin 'A' deficiency and its consequences including blindness.
- ii) Reduction in the incidence of low birth weight babies.
- iii) Universal consumption of iodised salt.
- iv) Reduction of iron deficiency anaemia.

The existing programmes under Nutrition includes:

- a) Prophylaxis programme against vitamin 'A' deficiency and Measle linked vitamin 'A' Programme.
- 2) Integrated child Development services scheme.
- 3) National Iodine Deficiency Disorder Controls Programme.
- 4) Nutrition Educations Activities including Training.
- 5) Continuous Monotoring of diet and Nutritional status through the National Nutrition Monitoring Bureau Surveys.

I. Prophylaxis Programme Against Vitamin 'A' Deficiency

Vitamin 'A' deficiency in severe form leads to permanent blindness.

Vitamin 'A' Prophylaxis programme to prevent severe form of deficiency leading to blindness is in operation in the State and under this programme around 27 lakhs of pre-schools children beneficiaries are being provided with 2 lakhs I.U. of vitamin 'A' once in six months, Orientation Training for Female Health Assistants is periodically organised in order to sensitise the workers and to improve the performance of the programme.

Alternate strategy has been adopted during the year by linking the administration of vitamin 'A' with immunisation, especially with reasles to cover the children below one year with 1 lakh I.U. of vitamin 'A' inorder to improve the coverage. 10 lakhs capsules have been

provided for linking of the programme with measles immunisation during this year. The programme is being integrated with child survival and safe motherhood in a phased manner.

II. Integrated child Development Services programme

The programme envisages the activities like, a) Supplementary Nutrition, b) Immunisation, c) Health Checkup, d) Referral services, e) Health and Nutrition Education and f) Non-formal pre-school education.

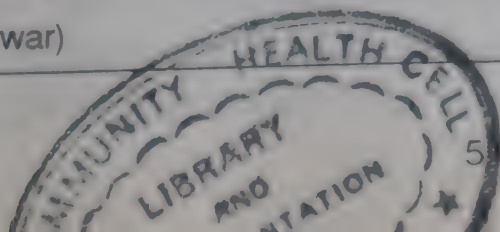
The Department of Health and Family Welfare Services is responsible for sectorial level training and continued education, training of Medical Officers, 100% coverage of Immunisation, Referral services and Health checkup in Anganwadi Centres. 148 projects have been sanctioned upto 1992-93 and are being implemented in the state.

Seventy five percent of sectors have been covered for continued education every month and fifty percent of Anganwadi centres have been visited by Medical Officers for health checkup in the Anganwadi Centres.

III. Iodine Deficiency Disorders

The National Iodine Deficiency Disorders Control Programme was launched in the State during 1988-89 with the creation of a Goitre Cell at the State Health Directorate, at a 100% Centrally Sponsored Scheme. Survey results have indicated that the following are endemic districts having more than 10% Goitre.

Name of the District	Total No. of Villages covered.	Total population covered.	Total No. of Goitre cases	Percent Prevalence
1. Chikmagalur	5	3,196	1314	41.11
2. Kodagu	6	4,623	1069	23.12
3. Dakshina Kannada (Mangalore)	17	15,544	2219	14.27
4. Uttara Kannada (Karwar)	25	15,091	1611	10.67



604-100 N/A
05877

The programme has been implemented through issue of Gazette Notification, banning the sale of non-iodised salt simultaneously arranging for supply of iodised salt in place of common salt in these areas, initially in Chikmagalur Dist., and subsequently in the other three districts viz., Kodagu, Dakshina Kannada and Uttara Kannada.

Provision of Iodised Salt

The Director of Food and Civil Supplies and the Managing Director, K.F.C. have been requested to supply iodised salt through PDS and the availability of iodised salt has also been regularly monitored by the State Goitre Cell and the Programme Officer.

Quality Control

In order to monitor the quality of Iodised Salt, District Authorities (Deputy Commissioner and D.H. & F.W.O) of the notified districts have been requested to collect the samples of salt from different outlets and to send the same to P.H.I. Bangalore for analysis. In this regard field kits for testing iodised salt have been purchased and distributed to the field workers of endemic district with a view to monitor the quality at the consumer level.

Education Activities

Intensive educational activities have also been undertaken through distribution of printed materials like posters, handbills, flip books, wall posters, cinema slides etc., to create awareness among the public about the benefit of the consumption of iodised salt.

State Level Co-Ordination Committee

A State level co-ordination committee has been constituted with the Health Secretary as the Chairman, to the implementation of the programme and the meetings are held from time to time to review the programme.

IV. Nutrition Education Activities including Training

In order to emphasise the need for "timely" and "proper" supplementary feeding to children after 6 months of age along with breast feeding to focus on exclusive breast feeding to the children upto

6 months, a follow-up workshop on infant feeding practices involving paediatrician, Gynaecologists, Nutritionists, Health Educators, District Health & F W Officers, District Hospitals administrators was organised at Mysore, during the current year, for taking up similar activities in the Districts at PHC Level.

The Nutrition Division Participated in various training programmes organised by Health & F W Training Centres, NIPCCD and ICDS consultants.

Four posters on Nutrition in Kannada have been brought out and distributed to all the Districts:

One Poster, one folder and one pamphlet on green leafy vegetables in Kannada are under print.

V. Continuous Monitoring of Diet and Nutrition Surveys through NNMB

The National Nutrition Monitoring Bureau Unit of ICMR which is attached to Bureau of Nutrition has conducted vitamin 'A' Evaluation Surveys in Hassan and Mysore Districts.

Nutrition Monitoring surveys are being conducted in Urban slums of Bangalore City.

Mental Health Programme

Initially Bellary District was Selected for the implementation of Menta Health Programme and this Scheme was implemented during the year 1985-86. This programme is now extended to 6 other Districts Viz., Bijapur, Chitradurga, Kolar, Dakshina Kannada, Dharwad and Chikmangalur.

Shushrusha Scheme

The object of this scheme is to provide free Medical checkup to every citizen in the State once in six months.

The main purpose of Shushrusha Scheme (Free Medical Checkup) is to provide an opportunity to every person particularly those residing in areas where SC/ST population are living, people

living in slums and in areas where economically backward class people are living to undergo a thorough Medical examination which envisages physical examination including pulse, Blood pressure, Eyes, ENT Skin disorders, Disabilities etc., and systematic examinations including cardio vascular system, respiratory system, Central Nervous System , genito urinary system etc., The free Medical checkup also includes simple laboratory investigations like examinations of stool, urine, blood etc., for early detections of disease if any.

To implement the scheme effectively, District Level Committees are constituted with the Deputy Commissioner of the District as Chairman along with other 9 members.

According to the Scheme, the cases requiring further examination and treatment would be referred to the appropriate hospitals where such facilities are available. Those patients who belong to economically weaker section and who are referred to appropriate Hospitals for further examination and treatment will be given actual To and FRO Transport charges and this facility will also be given to one person who accompany the patient to such institution.

For the implementation of the Scheme during the year 1993-94 a sum of Rupees one Crore has been earmarked. Out of this a sum of Rs. 9.54 lakhs has been spent upto the end of March 94.

The progress achieved under "SHUSHRUSHA" Scheme from April 1993 to the end of March '94 is as follows.

No. of persons who underwent Medical Checkup Ist/IIInd Round	No.of cases referred to Major hospi- tals	No. of cases referred to Specialised Institutions
359378	17668	3384

LABORATORY SERVICES

Vaccine Institute, Belgaum

The Vaccine Institute, Belgaum, is responsible for manufacturing of Anti-Rabies Vaccine (BPL, Inactivated) and to supply the vaccine to all Government Health & Medical Institutions and to the Health and Medical Institutions run by Local Bodies and also the Registered Medical Practitioners. In addition to this U.I.P. Vaccines supplied by Government of India are also stored and supplied to 8 Districts of Belgaum and Gularga Divisions and to Chitradurga District of Bangalore Division. This Institute also imparts Training to Medical students of different Medical College, Health Inspectors Trainees, A.N.M. and staff Nurses of District Hospitals and Demonstrations have also been arranged in connection with the preparation of Anti-Rabies Vaccine and Testing and Mode of Administration of Anti-Rabies Vaccines manufactured at this Institute. This Institute conducts the sterility Test of I.V. Fluid received from the District Hospital, Belgaum.

This Institute also undertakes quality control tests of K.F.D. Vaccine manufactured at K.F.D. Vaccine Unit of Virus Diagnostic Laboratory, Shimoga. During the year 1993-94, 27,50,640 ML of Anti-Rabies Vaccine has been manufactured as against the Annual Target of 25,00,000 ML, thus covering 110.0% of Annual Target.

Budget and Expenditure for the year 1993-94

(in Rs)

Year	Budget		Expenditure	
	Plan	Non-Plan	Plan	Non-Plan
1993-94	35,100-00	67,31,000-00	57,713-00	60,51,205-00

Public Health Institute, Bangalore

Public Health Institute, is the State Level Laboratory in the chain of laboratory services is located at Bangalore.

The main activities of this laboratory are:

1. Manufacturing and supply of Anti-Cholera and anti TAB Vaccines to Health and Medical Institutions in the State.
2. Bacteriological Diagnosis for vibrio cholera.
3. Analysis of samples received under prevention of corruption Act.
4. Analysis of Blood, Urine and Liquor samples received from Excise Department under Excise Act.
5. Analysis of Food samples for their standards received under PFA Act 1954.
6. To look after the activities connected with PFA Act and Rules.
7. Analysis of Factory Effluents and Fuel gases under water pollution (Prevention and Control of pollution) Act 1974 and Air Pollution (Prevention and Control of Pollution) Act 1981.
8. To analyse the quality of liquor meant for distribution, received from Excise Department.
9. To analyse the spirituous liquors and spirituous Medicinal preparations.
10. To analyse the efficacy of the Pesticides which are used for spraying under National Malaria Eradication Programme.
11. To analyse the I.V. Fluids used in Hospitals/Health and Medical Institutions for its quality.

In order to carry out the above activities, the Public Health Institute is having Bacteriological section, Chemical Examiners' section, Food Analysis section, Water Analysis Section, Divisional Public Analyst-cum-Regional Assistant Chemical Examiners' section, Pesticide laboratory and I.V. Fluid quality control section. Apart from these, there is another section viz., Senior Laboratory Technician

section which is responsible for providing Senior Laboratory Technician's Training to Departmental Junior Laboratory Technicians.

The achievements of Public Health Institute, Bangalore during the year 1993-94 are as follows:

1. Bacteriological section:

a) Anti-Cholera Vaccine manufactured	12,42,000 ml.
b) Water analysis	2,731
c) Analysis of Vibrio Cholera samples	3,311
d) Serological and blood examination	141
e) TAB Vaccine	75,000 ml.

2. Chemical Examiner's section:

a) Analysis of SMP Samples	169
b) Blood and Urine samples & other samples	106
c) Samples received from Lokayukta	158

3. State Food Laboratory:

Examination of Food samples under PFA Act 1954	1808
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4. Divisional Food Laboratory:

a) No. of samples examined under PFA Act from Bangalore Division.	308
b) Examination of other Chemicals.	
c) Examination of alcoholic Preparations	

5. State Water Laboratory:

a) Drinking water Chemical analysis	
b) Chemical Examination-Industrial effluents and Fuel gases	1591
c) Examination of Chemicals used in drinking water treatment.	

6. No. of Pesticides samples analysed in pesticide Laboratory

125

7. No. of I.V. Fluid samples analysed

740

8. No. of International certificates issued

121

9. No. of candidates trained under Senior

Laboratory Technicians training Scheme

11

The Budget and Expenditure during the year 1993-94

(in Rs.)

	<i>Budget</i>	<i>Expenditure</i>
Plan	6,74,000-00	2,48,705-00
Non-plan	75,00,000-00	64,11,546-00
Total	82,34,000-00	66,60,251-00

Government Medical Stores, Bangalore

Government Medical Stores, Bangalore, is a Central Stores located at Bangalore.

The main objectives of the Government Medical Stores are:

1. To procure Drugs, Chemicals, Surgical items from the R.C. Firm to the extent of Budget allocated.
 - a) The budget allotted for the year 1992-93 was Rs. 16,04,44,865/- and the budget has been enhanced from Rs. 16,04,44,865/- to Rs. 22,05,39,945/- including Family Welfare and others for the year 1993-94.
 - b) To effect timely supplies of these items to all the concerned Institutions, Government Medical Stores has got a computerised arrangements. The drugs are also supplied during emergency needs like, Floods, Epidemic and Natural Calamities etc., The drugs are also supplied under various National Programmes like family Welfare, Prevention of Blindness and Leprosy Control Programmes, etc.,
 - c) The Government Medical Stores will have a reserve stock of drugs about Rs. 5.00 crores for supply of drugs to urgent need of the Institutions to combat the epidemic situations and natural calamities.

2. The Therapeutic Committee decides the number of drugs to be purchased. Then the Tenders are called for. The Expert Committee and the High Power Committee in their meeting decides the quality and the rates of the drugs to be purchased. This will be forwarded to the Government for its approval.
3. To arrange for the despatch of drugs etc., to the concerned Institutions the main Medical Stores is divided into Four Subordinate Stores.

Viz.,	1. 'A' Stores (Injection)	Storing and distribution of items like injections.
	2. 'A' Stores (Tablets)	Storing and distribution of tablets and capsules.
	3. 'B' Stores	Storing and distribution of Powders, I.V. fluids, ointments and Disinfectants.
	4. 'C' and 'D' Stores	Storing and distribution of General Surgical items, Instruments, Bandage, cotton, suture materials and drugs which requires refrigeration.

Budget allotted to Government Medical Stores during the year 1993-94 under different Programmes and Expenditure.

	Budget Released (Rs.)	Expenditure (Rs)
1. Medical Education	5,71,42,800/-	5,71,20,974/-
2. Health	14,76,06,000/-	14,75,42,294/-
3. Family Welfare	1,57,91,145/-	1,57,90,264/-

Health Equipment Repairs and Maintenance Unit

The Health Equipment repairs and maintenance unit at the Directorate of Health and FW Services is headed by an Health Equipment Officer and the objective of the Unit is to keep track of all the equipments available in various hospitals under the control of this directorate including its maintenance.

The major regulatory functions are :

1. To keep records of the equipments.
2. Monitoring of the equipments.
3. Maintenance and repairs of the equipments.
4. Floating & Processing of tenders for various equipments.
5. Supply, supervision and installation of equipments including its commissioning.

Regarding the fixing up of hospital consultancy for procurement of equipments to District Hospital, Raichur under OPEC assistance is under final stage.

Regarding supply of sophisticated equipments to various departments of this Directorate, action will be taken to provide as soon as the orders floated under the Directorate of Medical Education are finalised.

Achievements

During the year 1993-94, various capacities of X-ray machines were supplied to various institutions coming under the control of this Directorate for a sum of Rs. 1,21,55,200/- and also 6 numbers of 50 KVA capacity generator were provided to various institution at a total approximate cost of Rs.16 Lakhs.

A statement showing the various equipments inspected and repaired during 1993-94 is given below :

1.	Number of X-ray machines inspected	90
2.	Number working	30
3.	Number not working	60

4.	Number repaired	40
5.	Number of machines not repaired	20 (due to non-availability of spare parts and major repairs)
6.	No. of X-Ray machines dismantled	3

In addition to the above 10 numbers of HP steriliser, suction apparatus and diathermy were inspected, out of which 5 equipments were repaired and the other five were not repaired due to major problems.

State Health Transport Organisation

Transport is a vital link in the implementation of various programmes coming under the Health & Family Welfare Services viz. National, Malaria Eradication Programmed (NMEP) National Leprosy Eradication Programme, National Programme for control of Blindness (NPCB), Aids, Filaria etc.,

The Central workshop located at Magadi Road, Bangalore is headed by the Deputy Director (Transport), Works Manager., Three Service Engineers and other Technical Staff. The main objective of this Organisation is to take up repairs to the vehicles, such as major, minor and petty repairs, disposal of released materials and condemned vehicles etc., pertains to Health & Family Welfare and Medical Education Departments.

An average of 50 to 60 vehicles per month are repaired in the Central Workshop. The vehicles comes under the control of Zilla Partishaths are being repaired by the Mobile Maintenance Units provides to all the Dist. Head Quarters headed by a Service Engineer and Mechanics.

In addition to the above, there are two Regional Workshops located at Gulbarga and Hubli where the IPP Programme vehicles are repaired and maintained.

During the year 1993-94, the total number of vehicles in the Department were 1683. Of this, 850 vehicles are on road 607 are condemned and 226 vehicles were off the road for various reasons. Action has been instituted to put back maximum number of vehicles on road for the speedy implementation of the programme.

General Administration

Appointment of Contract Doctors :

During the year 1993-94, 374 Doctors have been appointed on contract basis to provide Medical facilities to the rural Public.

Sanction of Time Bound Promotion Scheme For Doctors :

Government in their order No.HFW 222 MSS 90, dated 17.7.1991 have introduced a scheme of time Bound Promotion to provide adequate promotional opportunities to Doctors to improve the efficiency of the Department by providing proper motivation to them to evidence greater interest in their work. Further necessary amendments to the C & R rules have also been issued vide Govt., order No.DPAR 44 SCR 92 dated 15.9.1992. Accordingly 275 Doctors have been promoted as Deputy Chief Medical Officers/Senior Specialists, 1033 Doctors as Senior Medical Officers/Specialists and 93 Doctors as Senior Medical Officers vide Government Order No.HFW 88 MSS 93-I dated 24.1.1994. In addition to this, 967 Doctors have been promoted as Specialists/Senior Doctors and 93 Doctors as Senior Doctors.

Withdraw of the Ban Order on Recruitment of Group 'C' and 'D' Staff :

During 93-94, 550 Auxiliary Nurse Mid-wife were appointed.

Cadre Strength of the Department of Health & F.W. Services.

Cadre strength of the Department of Health & Family Welfare Services, are shown in Annexure.

ANNEXURE

Cadre strength of the Department of Health and Family Welfare Services, as on 31.3.1994.

Sl. No.	No. Name of the Cadr	No.of Posts Sanctioned	working	Vacant
1	2	3	4	5
1.	Director of Health & F.W.Services	1	1	-
2.	Director of Health Edn. & Training.	1	-	1
3.	Additional Director (FW & MCH)	1	1	-
4.	Project Co-ordinator (IPP)	1	1	-
5.	Health Officer, Bangalore City Corporation (Deputation Post)	1	1	-
6.	Joint Directors	17	17	-
7.	Health Officer Class-I (Senior)	63	45	18
8.	Surgeons	125	113	12
9.	Superintendent of T.B. Hospitals.	10	7	3
10.	Health Officer Class(Junior)	440	328	112
11.	Joint Director (IEC)	1	1	-
12.	Health Officer-cum-Assistant Surgeon	3781	3340	441
13.	Chief Administrative Officer	1	1	-
14.	Chief Accounts Officer-cum Financial Advisor	1	1	-
15.	Deputy Director (Nutrition)	1	1	-
16.	Dental Surgeons	2	2	-
17.	Deputy Dental Surgeons	33	21	12
18.	Assistant Dental Surgeon	113	53	60
19.	Chief Pharmacists	17	14	3

1	2	3	4	
20.	Graduate Pharmacists	39	32	7
21.	Chief Chemist and Public Analyst	1	1	-
22.	Senior Chemist and Public Analyst	6	4	2
23.	Chemists/Food Analysts	11	6	5
24.	Assistant Nutrition Officer	5	2	3
25.	Scientific Officer	1	1	-
26.	Health Equipment Officer	1	1	-
27.	Asst. Executive Engineer (Vaccine Institute)	1	-	1
28.	Planning Officer	1	1	-
29.	Assistant Deputy Director (HE & SH)	1	1	-
30.	Deputy Director (SHE U)	1	1	-
31.	Technical Officer (A.V)	1	1	-
32.	Technical Officer (FWDC)	1	-	1
33.	Technical Officer (Goitre)	1	1	-
34.	Technical Officer (Exhibition)	1	1	-
35.	Deputy Director (Pharmacy)	1	1	-
36.	Deputy Director (Transport)	1	-	1
37.	Junior Physist	2	1	1
38.	Bio-Chemist	2	-	2
39.	Senior Entomologist	3	-	3
40.	Assistant Entomologists	6	5	1
41.	Microbiologist	1	-	1
42.	Lay Secretary/G.A.	64	24	40
43.	Administrative Officers	4	-	4
44.	Medical Record Officers	3	1	2
45.	Service Engineer	20	8	12
46.	Nursing Superintendent Gr.I	46	7	39
47.	Nursing Superintendent Gr.II	308	287	21
48.	Nursing Tutor	68	66	2

1	2	3	4
49. Senior Nurse		600	450 150
50. Principal School of Nursing		9	2 7
51. Lecturer, College of Nursing		5	- 5
52. Professor, College of Nursing		5	1 4
53. Assistant Professor, College of Nursing		5	3 2
54. Principal, College of Nursing		1	- 1
55. Clinical Instructor, College of Nursing		4	4 -
56. Staff Nurse		4189	4010 179
57. Senior Health Asst.		1221	1100 121
58. Health Supervisor Group 'C'		76	70 6
59. Senior Health Supervisor Group 'B'		21	5 16
60. Assistant Leprosy Officer		13	- 13
61. Senior Non-Medical Supervisor		102	95 7
62. Junior Non-Medical Supervisor		184	175 9
63. Junior Health Assistant (Male)		5556	4843 713
64. Para Medical Workers		1231	709 522
65. Senior Laboratory Technician		303	255 48
66. Junior Laboratory Technician		1627	1007 620
67. X-Ray Technician		249	238 11
68. Radiographer		42	34 8
69. Refractionist		367	295 72
70. Orthopist		7	7 -
71. Assistant Medical Record Officer		11	10 1
72. Medical Record Technician		29	20 9
73. Physiotherapist (General)		33	21 12
74. Physiotherapist (Leprosy)		52	28 24
75. Electricians		44	28 16
76. Clinical Psychologist		13	7 6
77. Dental Mechanic		31	26 5
78. Dental Hygienist		9	8 1

1	2	3	4	
79. Dietician		8	5	3
80. Junior Chemist		24	8	16
81. Social Worker (STD)		26	22	4
82. Mechanic Class I (Junior)		3	3	-
83. Occupational Therapist		5	-	5
84. Pump Mechanic		1	1	-
85. Wireman		1	1	-
86. Modellor		4	4	-
87. Artist-cum-Photographer		8	1	7
88. Artist		2	-	2
89. Draftman		1	1	-
90. Physical Culture Instructor		4	4	-
91. Auto Clave Mechanic		3	1	2
92. Boiler Attender		1	1	-
93. Dark Room Assistant		3	-	3
94. Entomological Assistant		4	2	2
95. Scientific Assistant		4	3	1
96. Air Conditioning Operator		2	1	1
97. Superintendent (Technical)		1	1	-
98. Printing Instructor		1	1	-
99. Weaving Instructor		1	1	-
100. Loom Mechanic		1	1	-
101. Health Equipment & Repair Supervisor		4	1	3
102. Junior Engineer		1	1	-
103. Craftsman		1	1	-
104. Sub-Editor		1	1	-
105. Home Science Assistant		1	1	-
106. Silk Screen Technician		1	1	-
107. Prosthetic Technician Group II		3	1	2
108. Leather Worker		2	1	1

1	2	3	4
109. Optical Mechanic		1	1
110. Psychiatric Social worker		1	1
111. Teacher		1	1
112. Speech Pathologist and Audiologist		1	-
113. Superintendent (Veterinary)		1	-
113(a) Speech Therapist		1	-
114. Carpenter		3	-
115. Refrigerator Mechanic		3	1
116. Senior Pharmacist	443	404	39
117. Junior Pharmacist	1983	1622	361
118. Drivers	1053	925	128
119. Master Artisan	30	25	5
120. Skilled Mechanic	16	4	12
121. Skilled Tradesman	17	6	11
122. Semi Skilled Artisan	40	33	7
123. Ortho Technician	2	1	1
124. Dialysis Therapist	2	-	2
125. Junior Mechanic	10	5	5
126. Electrician (Transport)	8	8	-
127. Partsman	2	-	2
128. Driver cum Mechanic	2	-	2
129. Cleaners	145	123	22
130. Lady House Keeper	17	12	5

Ministrial Cadres

131. Office Superintendent	293	231	62
132. Stenographers	118	103	15
133. Junior Stenographers	79	60	19
134. First Division Assistant	1918	1398	520
135. Second Division Assistant	1363	1233	520
136. Typist	308	308	-

1	2	3	4	
137. Clerk-cum-Typist		314	173	141
138. Senior Typist		49	47	2
139. Senior Librarian		6	5	1
140. Librarian Gr.I		3	2	1
141. Librarian Gr.II.		5	4	1
142. Librarian Assistant		3	2	1
143. Nursing Superintendent Gr.I(PH)		71	67	4
144. Nursing Superintendent Gr.II ("")		51	47	4
145. Lady Health Visitor		1219	1099	120
146. Auxiliary Nurse Midwife		9137	8827	310
147. District Health Education Officer		20	19	1
148. Health Education Officer/ Health Education Instructor Health Science Instructor Social Scientist		12	5	7
149. Deputy Health Education Officer		84	73	11
150. Block Health Educator		726	284	442
151. Projectionist		39	37	2
152. Lecturer in Health Education & Family Welfare		4	1	3
153. Assistant Editor		2	2	-
154. Editor		1	-	1
155. Field Publicity Officer		1	1	-
156. Demographer		1	1	-
157. Deputy Transport Officer		1	1	-
158. Deputy Director (IMF)		1	1	-
159. Senior Asst. Director (Nursing)		1	1	-
160. Vehicle Administrative Controller		1	1	-
161. Works Manager		1	1	-
162. Statistical Officer		1	1	-
163. Public Health Nursing Instructor		4	4	-

1	2	3	4	
164. Programme Assistant		1	1	-
165. Technical Assistant (Junior Engineer)		2	2	-
166. Assistant Director (Press)		1	-	1
167. Supervisor (Press)		1	1	-
168. Statistical Assistant		1	-	1
169. Statistical Officer		3	3	-
170. Senior Supervisor/Steward (Leprosy)		1	1	-
171. Chief Technician		1	1	-
172. Cameraman		1	1	-
173. Electrical Supervisor		1	-	1
174. Artist Cum Retoucher		1	1	-
175. Senior Electrician		1	1	-
176. Assistant Statistical Officer		1	1	-
177. Senior Compositor		1	1	-
178. Senior Technical Assistant		1	1	-
179. Process Operator		1	-	1
180. Orthetive Technician Grade II		2	2	-
181. Offset Plate Maker		1	1	-
182. Offset Printer		1	1	-
183. Offset Assistant Printer		4	4	-
184. Senior Offset Printer		1	1	-
185. Assistant Process Operator		1	1	-
186. Senior Proof Examiner		1	1	-
187. Junior Proof Examiner		2	2	-
188. Compositor		1	1	-
189. Compositor (Junior)		3	2	1
190. Senior Binder		1	1	-
191. Binder		2	2	-
192. Machine Binder		1	1	-
193. Needle Work Teacher		9	8	1
194. Loom Mechanic (Asst. Binder)		1	1	-
195. Group 'D' Officials		15438	12852	2586
Total		56479	48029	8450

Physical Activities

Targets and Achievements during the year 1993-94

Detection of New TB cases			Sputum Examination conducted		
Target	Achievements	Percentage	Target	Achievement	Percentage
88,080	67,790	77.0	1,85,200	2,11,710	114.3

Financial Activities

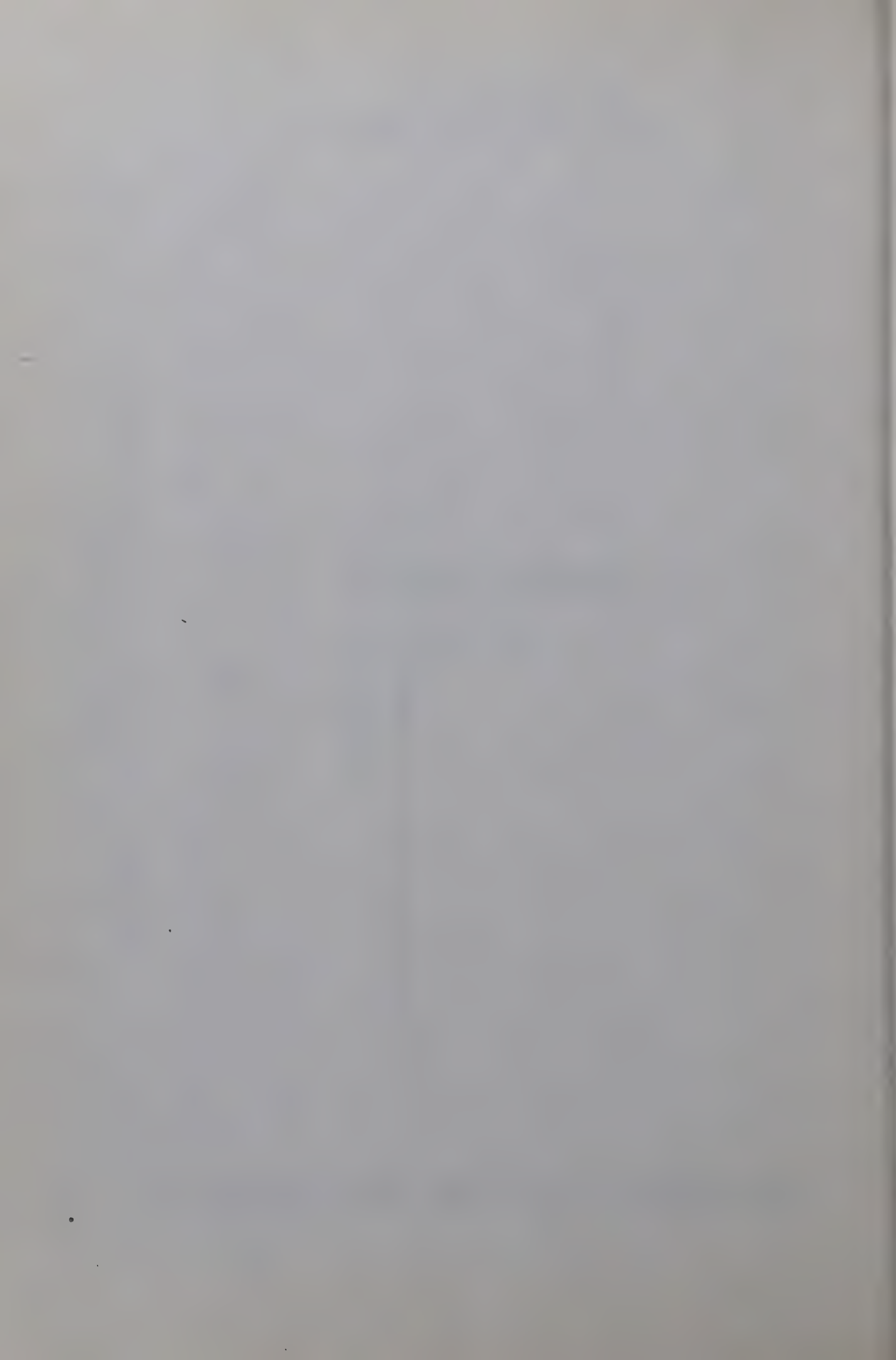
Budget Provision And Expenditure during the year 1993-94

		State			
Central (Plan)		Plan		Non-plan (only for LWSTC)	
Budget	Expenditure	Budget	Expenditure	Budget	Expenditure
117.00	102.31	107.00	12,71,887-00	65,72,000-00	50,01,447-00
Lakhs	Lakhs	Lakhs			

GOVERNMENT OF KARNATAKA

ANNUAL REPORT
1993-94

DEPARTMENT OF MEDICINE AND HOMEOPATHY



ANNUAL REPORT OF DEPARTMENT OF INDIAN SYSTEMS OF MEDICINE AND HOMEOPATHY FOR THE YEAR 1993-94.

The Department of Indian Systems of Medicine and Homeopathy is rendering medical relief to the public in Ayurveda, Unani, Yoga, & Naturopathy, Siddha and Homeopathy Systems of Medicine and regulates Medical Education. Drugs Manufacture and Practice of Medicine in these systems.

The Director of Indian Systems of Medicine and Homeopathy is being assisted by the following Officers at the Directorate as well as at the Divisional level

1. Deputy Director (Ayurveda)
2. Deputy Director (Unani)
3. Physician Gr. I (Nature Cure & Yoga)
4. Administrative Officer
5. Accounts Officer
6. Deputy Director of Indian Systems of Medicine and Homeopathy, Gulbarga Division.

The Department is provided with a budgetary provision for the year 1992-93 and 1993-94 is as follows

(Rs. in lakhs)

	1992-93		1992-93		1993-94		1993-94	
	State		Z.P.		State		Z.P.	
	Sector		Sector		Sector		Sector	
	Allo-	Expr.	Allo-	Expr.	Allo-	Expr.	Allo-	Expr.
	cation		cation		cation		cation	
Non-Plan	650.93	589.48	473.30	473.30	748.45	653.05	520.47	520.47
Plan	65.00	60.70	193.00	48.06	78.00	55.97	247.00	133.00
C.S.S.	6.00	-	-	-	6.00	3.62	-	-
Total	721.93	650.18	666.30	521.36	832.45	712.64	767.47	653.47

Achievements for the year 1993-94

- 1) Opening of 26 Govt. Ayurvedic and 2 Unani Dispensaries in Rural Areas have been sanctioned by the Government.
- 2) 10 beded Govt. Nature Cure Hospital has been sanctioned at Bangalore.
- 3) 10 beded Govt. Ayurvedic Hospitals have been sanctioned at Hiriyur, Chitradurga Dist. and Hospet, Bellary Dist.
- 4) 6 beded Govt. Ayurvedic Hospitals have been sanctioned at Ranebennur, Dharwad Dist. and Chintamani, Kolar Dist.
- 5) One Govt. Ayurvedic Dispensary of Harapanahalli, Bellary Dist. has been upgraded into 6 beded Hospital
- 6) 25 beded Dist. Govt. Ayurvedic and Unani Hospital has been sanctioned at Tumkur.

Medical Relief

There are 65 hospitals and 500 dispensaries functioning in the State, the system-wise breakup is given hereunder :

Name of the System	Hospitals		Dispensaries
	No.of Hospitals	No.of beds	
Ayurvedic	49	930	435
Unani	8	147	41
Homeopathy	2	50	19
Nature Cure	2	16	5
Yoga	3	15	-
Siddha	1	10	-
Total	65	1168	500

Ayurveda

11 Ayurveda Hospitals are at district level of which the following three serve as teaching hospitals.

		Bed Strength (Ayurveda)
1.	Sri. Jayachamarajendra Institute of Indian Medicine, Bangalore	225
2.	Government College of Indian Medicine College and Hospital, Mysore	140
3.	Government Taranath Ayurvedic Hospital, Bellary.	70

The other hospital at district level as well as in rural areas are functioning at the following places. The bed strength of each is noted against them.

Urban Areas (District Level)			Rural Areas		
1.	Bijapur :	50	1.	Hooli, Belgaum Dist.	10
2.	Shimoga :	40	2.	Belgaumba, Hassan Dist. :	6
3.	Hubli	25	3.	Yardakere, Chickmangalur Dist.:	10
4.	Karwar :	10	4.	Aimangala, Chitradurga :	6
5.	Mandya :	25	5.	Manchaldone, Tumkur Dist. :	6
6.	Hassan :	25	6.	Kamalapura, Gulbarga Dist. :	6
7.	Madakeri :	10	7.	Handinaru Mysore Dist. :	6
8.	Tumkur :	15	8.	Ginigera, Raichur Dist. :	6

TALUK LEVELS

1.	Challakere, Chitradurga Dist. :	6	9.	Marenahalli, Bangalore North :	6
2.	Chittapur, Gulbarga Dist. :	10	10.	Kattaya, Hassan Dist :	6
3.	Holenarsipura Hassan Dist. :	10	11.	Tokur Jokatte, Uttara Kannada Dist. :	6
4.	Sandur, Bellary Dist. :	6			
5.	Magadi, Bangalore Rural Dist. :	10			
6.	Kanakapura Bangalore Rural Dist. :	6			
7.	Doddaballapura Bangalore Rural Dist. :	6			
8.	Srinivasapura Kolar Dist. :	10			
9.	Tipatur, Tumkur Dist. :	10			
10.	Chamarajnagar Mysore Dist. :	10			
11.	Kadur, Chickmagalur Dist. :	10			
12.	Malavalli, Mandya Dist. :	6			
13.	Virajpet, Kodagu Dist. :	10			
14.	Bylahongala, Belgaum Dist. :	6			
15.	Athani, Belgaum Dist. :	6			

16.	Betageri, Dharwad Dist. :	10
17.	Jamakandi Bijapur Dist. :	10
18.	Bagalkote, Bijapur Dist. :	10
19.	Bilgi, Uttara Kannada Dist. :	6
20.	Sirsi, Uttara Kannada Dist. :	10
21.	Afzalpur Gulbarga Dist. :	10
22.	Gangavathi Raichur Dist. :	10
23.	Hiriyur Chitradurga Dist. :	10
24.	Chintamani Kolar Dist. :	6
25.	Ranebennur Dharwad Dist. :	6
26.	Harapanahally Bellary Dist. :	6
27.	Hospet Bellary Dist. :	10

There are 435 Ayurveda Dispensaries functioning in the State.

II. Unani

There are 8 Unani Hospitals and 41 Unani Dispensaries in the State. The Unani Wing (75 beds) attached too Sri Jayachamarajendra Institute of Indian Medicine, Bangalore servees as a teaching hospital for Government Unani Medical College, Bangalore. 20 beds are provided in Government College of Indian Medicine and Hospital, Mysore. The other five mini hospitals are at Raichur (10 beds) at Ramanagaram (10 beds) in Bangalore District at Thimmapur Rangampeet (6 beds) in Gulbarga District at Rajalbanda (6 beds) in Raichur District and Bijapur (10 beds), Tumkur (10 beds).

A Clinical Research Unit in Unani System at Medicine has been established at Sri Jayachamarajendra Institute of Indian Medicine, Bangalore by the Government of India.

III. Homeopathy

Government Homeopathy Hospital is functioning at Bangalore with 40 beds. One more 10 beded Homeopathy Hospital is functioning at Somwarpet in Kodagu District. 19 Homeopathi Dispensaries under Zilla Panchayat working in rural areas.

IV. Naturopathy

One 6 beded Nature Cure Hospital is functioning at Mysore and another at Bangalore with 10 beds. There are five Nature Cure Dispensaries in the State.

V. Siddha

A Siddha Wing of 10 beds has been provided in the Sri Jayachamarajendra Institute of Indian Medicine, Bangalore.

VI. Yoga

Yoga Wing of 5 beds each, have been established to provide treatment in Yoga Therapy at Sri Jayachamarajendra Institute of Indian Medicine, Bangalore, Government College of Indian Medicine, Hospital Mysore and Taranath College Hospital, Bellary.

Yoga Camps are being conducted regularly at Sri Jayachamarajendra Institute of Indian Medicine, Bangalore, Government College of Indian Medicine Hospital, Mysore and Taranatha College Hospital Bellary.

VII Research

Research on "Madhu Meha" (Diabetics) has been undertaken by the Research Wing at Sri Jayachamarajendra Institute of Indian Medicine, Bangalore.

2. Medical Education

1. Ayurveda : (B.A.M.S. Course)

There are three Government Ayurveda Colleges and 19 Private Ayurveda College in the State, of which Five Ayurvedic Colleges are under grant-in-aid. The names and intake of each College is given below :

Name of the College		Intake
1.	Govt. College of Indian Medicine, Bangalore	60
2.	Govt. College of Indian Medicine, Mysore	50
3.	Taranatha Ayurvedic College, Bellary	25
4.	Sri. Dharmasthala Manjunatheswara Ayurvedic Medical College, Udupi.	60
5.	Ayurvedic Mahavidyalaya, Hubli	50
6.	Ayurvedic Mahavidyalaya, Bijapura	50

7.	D.G. Melmalgi Ayurvedic Medical College, Gadag	50
8.	Sri. B.M.K. Ayurvedic College, Belgaum.	50
9.	Sri. A.L.N. Ayurvedic Medical College, Koppa, Chickmagalur Dist.	40
10.	Sri. Chidambara Educational Societies Ayurveda Medical College, Bidar	25
11.	Sri. Tagginamatha Arts & Education Societies Ayurvedic Medical college, Hospet	30
12.	Sri Siddeshwara Vidyadana Samithi (SVS) Ayurveda Medical College, Mundargi, Dharwad Dist.	25
13.	Sri. Vijaya Mahantesh Vidyavardaka Societies Ayurvedic Medical College, Ilkal, Bijapur Dist.	25
14.	Aswini Educational Association Ayurvedic Medical College, Davanagere, Chitradurga Dist	50
15.	Sri. Tagginamatha Arts & Education Societies Ayurveda Medical College, Bhadravathi	40
16.	Sri. Dharmasthala Manjunatheswara Ayurveda Medical College, Hassan	50
17.	Jagadguru Tontadarya Vidyapeetha, Gadag's S.S. Ayurveda Medical College, Haveri.	25
18.	Lions Swamy Vivekananda Education Societies Ayurvedic Medical College, Gajendragad	25
19.	B.S.M. Rural Ayurveda Medical College, Bijapur	25
20.	Sri. Kalidasa Education Society Ayurveda Medical College, Badami.	25
21.	Rajiv Gandhi Education Society Ayurveda Medical College, Ron, Dharwad Dist.	25
22.	Sri. Mahaganapathy Education Trust Ayurveda Medical College, Dharwad.	40

Post-graduate Degree Course in Ayurveda (M.D. Ay) is being conducted in the following specialities.

Govt. College of Indian Medicine, Mysore. :	Kayachikitsa
Govt. College of Indian Medicine, Bangalore :	1. Dravyaguna
	2. Shalyatantra
	3. Shalakyatantra

The intake is 7 for each of the speciality.

II. Unani (B.U.M.S. Course)

The Government Unani Medical College at Bangalore is functioning since 1975 to provide Medical Education in Unani System of Medicine. The College is affiliated to Bangalore University. The sanctioned intake is 50.

III. Homeopathy (B.H.M.S. Course)

There are 12 Homeopathy Colleges in the State of which one is run by Government at Bangalore. The other eleven are private colleges. The intake in each college is as follows :

Name of the College Intake		
1.	Government Homeopathy Medical College, Bangalore	30
2.	A.M.Shaikh Homeopathy Medical College, Belgaum	100
3.	Bharatesh Homeopathic Medical College, Belgaum	40
4.	Maratha Mandal Homeopathic Medical College, Belgaum	40
5.	Karnataka Homeopathic Medical College, Hubli.	25
6.	Moulana Azad Homeopathic Medical College, Hubli.	40
7.	H.K.E. Homeopathic Medical College, Gulbarga.	50
8.	Father Muller's Homeopathic Medical College, Mangalore	50
9.	I.E.A. Homeopathic Medical College, Dharwad.	25
10.	Adyasri Nijhalingeswara Education Societies Homeopathic Medical college, Sankeswar, Belgaum Dist.	25
11.	Al-Amaan Homeopathy Medical College, Bijapur.	25
12.	National Homeo Medical College, Dharwad.	25

VI. Naturopathy

A Nature Cure and Yoga College is functioning at Mysore. Diploma in Naturopathy and Yoga of 2 years duration is conducted for the present for Ayurvedic graduates. The sanctioned intake is 12 candidates. Sri Dharmasthala Manjunatheswara College of Nature Cure and Yoga (Pvt.) is functioning at Ujere. The intake is 40 students.

3. Drug Control

1. The Department regulates manufacture and sale of medicines of Indian System of medicine and Homeopathy from December 1976 onwards, under the provision of Drugs and Cosmetics Act, 1940 and the Rules thereunder.

The number of licenses issued so far, for manufacture of Ayurveda, Unani and Homeopathy medicines as on 31st March 94 are as follows :

System	No. of Manufacturing Licence Holders	No. of Sales Licence Holders
Ayurveda	221	-
Unani	11	-
Homeopathy	12	140
Total	244	140

II. Government Central Pharmacy, Bangalore

Ayurveda and Unani Medicine are being manufactured at the Government Central Pharmacy, Bangalore and supplied to all the Government ISM Hospitals, Dispensaries, Subsidised Medical Practitioners' Centres. Total Rs. 12,000 worth of medicines to be supplied to Each Government Ayurvedic/Unani Dispensary is supplied medicines worth Rs. 7,200/- each year from the Central Pharmacy, Bangalore. In addition Rs. 4,800/- worth of patent medicines are supplied through Rate Contract approved firms.

III. Drugs Testing Laboratory

This unit has been established to ensure the quality of Raw Drugs and Medicines at Government Central Pharmacy, Bangalore

IV. Herbs Garden

Small herb gardens are being maintained at Bangalore, Mysore and Bellary which are attached to the college. The Medical Plants required daily for demonstration of students and green herbs required daily for the hospitals are being raised in these herb gardens. Further, Sri Dhanwantari Vana has been established in 37 acres of land at Nagarabhavi near Bangalore University Campus for development of Herbarium. About 600 herbs are raised.

4. Practice of Medicine

There are two statutory Boards to regulate the practice of medicine.

1. Karnataka Ayurvedic and Unani Practitioners Board, Bangalore :

This Board regulates the practice of medicine in Ayurvedic system of medicine, Unani Systems of medicines and Integrated system of medicine. The total number of practitioners registered as on 31st March 1994 is as follows :

Ayurveda	10709
Unani	703
Integrated	2105
Total	13517

II. Karnataka Board of Homeopathic system of medicine

This Board regulates the practice of medicine in Homeopathy as well as medical education in Homeopathy. The number of practitioners registered in Homeopathy as on 31st March 1994 is 4721.



GOVERNMENT OF KARNATAKA

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DRUGS CONTROL DEPARTMENT



ANNUAL REPORT OF THE DRUGS CONTROL DEPARTMENT - KARNATAKA STATE FOR THE YEAR 1993-94 (UPTO THE END OF MARCH, 1994)

The main function of the Drugs Control Department is to protect and take care of the Health of the Consumers by exercising strict control and vigil on the drugs which are being manufactured and marketed for sale in the State and to ensure that Drugs of Standard Quality are made available at controlled prices.

The Drugs Control Department of the State of Karnataka discharges the statutory function involved in the enforcement of the following Drugs and Allied Legislation.

1. The Drugs and Cosmetics Act, 1940 and Rules thereunder.
2. The Drugs (Prices Control) Order, 1987, an order issued under Essential Commodities Act.
3. The Drugs and magic Remedies (Objectionable Advertisement) Act, 1954 and Rules thereunder.
4. The Pharmacy Act, 1948 and Educational Regulations thereunder.
5. The Poisons Act, 1919 and Karnataka Poisons Rules, 1966.
6. The Narcotics and Psychotropic substances Act, 1985, in relation to drugs covered by The Drugs & Cosmetics Act & Rules thereunder.

The main control exercised through the above Acts are :

1. Authenticating the manufacturing and selling premises by licensing system.
2. Maintenance of vigil on the anti-social elements engaged in the manufacture of spurious and sub-standard drugs & cosmetics by inspection of the premises where drugs & cosmetics are manufactured or stocked for sale.

3. Ensuring quality of drugs and cosmetics by drawing regular samples from manufacturing and selling establishments and subjecting to scientific analysis in the laboratory.

The drugs control department is organised into three wings viz.,

1. Administration/Enforcement,
2. Drugs Testing Laboratory,
3. Pharmacy Education.

1. ADMINISTRATION/ENFORCEMENT

a. HEAD QUARTERS ORGANISATION :

The Drugs Controller is the Head of the Department and Controlling Authority, assisted by one Additional Drugs Controller, three Deputy Drugs Controllers and four Assistant Drugs Controllers and five Drugs Inspectors at head quarters, who monitor the working of the department. Chairman, Member Secretary and an Assistant Drugs Controller are incharge of the Board of Examining Authority for the purposes of conducting examination in Diploma in pharmacy.

b. DIVISION AND DISTRICT OFFICES :

For the proper and effective functioning of the Department, the State has been divided into six Divisions. Each Division is incharge of two Assistant Drugs Controllers assisted by Drugs Inspectors of the Districts except in Bangalore Division where there are three Assistant Drugs Controllers. Assistant Drugs Controllers are the Licensing Authority for sales establishments.

Each Division has jurisdiction over three to four Districts, the particulars of which are as follows :

Name of the Divisions		District Comprised	
1.	BANGALORE DIVISION	1.	Bangalore District (U & R)
		2.	Kolar District
		3.	Tumukur District
2.	BELGAUM DIVISION	1.	Belgaum District

	2.	Dharwad District
	3.	Uttara Kannada District
3.	BELLARY DIVISION	1. Bellary District
		2. Raichur District
		3. Chitradurga District
4.	GULBARGA DIVISION	1. Gulbarga District
		2. Bijapur District
		3. Bidar District
5.	MYSORE DIVISION	1. Mysore District
		2. Mandya District
		3. Kodagu District
6.	MANGALORE DIVISION	1. Dakshina Kannada District
		2. Shimoga District
		3. Hassan District
		4. Chickmagalur District

The District Offices at Kolar, Tumkur, Dharwad, Uttara Kannada, Raichur, Chitradurga, Bijapur, Bidar, Mandya, Kodagu, Shimoga, Hassan and Chickmagalur are headed by a Drugs Inspector.

ENFORCEMENT OF THE DRUGS AND COSMETICES ACT, 1940 AND RULES THEREUNDER.

The following are the details pertaining to the prosecution instituted under this Act and Rules during the year 1993-1994 (April 1993 to March 1994).

1.	Prosecutions pending at the beginning of the year (i.e. as on 1.4.1993)	97
2.	Prosecutions launched (as on 31.3.1994)	21
3.	Total (as on 31.3.1994)	118
4.	Prosecutions decided (as on 31.3.1994)	12
	a. Cases ended in acquittal/discharge as on 31.3.94.	9
	b. Cases ended in conviction (as on 31.3.94.)	3
5.	Prosecutions pending as on 31.3.1994	106

ENFORCEMENT OF THE DRUGS (PRICES CONTROL) ORDER, 1987

The following prosecutions were instituted under this order upto the end of 31st March 1994.

1.	Prosecutions pending at the beginning of the year (as on 1.4.93)	36
2.	Prosecutions launched (as on 31.3.1994)	04
3.	Total (as on 31.3.1994)	40
4.	Prosecutions decided (as on 31.3.1994)	04
	a. Cases ended in acquittal/discharge (as on 31.3.94)	02
	b. Cases ended in Conviction (as on 31.3.1994.)	02
5.	Prosecutions pending at the end of 31.3.1994.	36

174 Complaints under the Drugs and Cosmetics Act, 1940 and Rules thereunder and 28 complaints under the Drugs (Prices Control) Order, 1987 were received between 1.4.93 to 31.3.94. In all, 212 complaints under the Drugs and Cosmetics Act, 1940 and Rules thereunder and 35 complaints under the Drugs (Price Control) Order, 1979 and 1987 were investigated during the year. Necessary action has been initiated in these cases.

DRUGS MANUFACTURERS :

The number of manufacturing establishments and licenses of allopathic drugs & cosmetics as on 31.3.1994 is as shown below.

Type	Total No. of			Total No. of		
	Manufacturers			Manufacturing licences		
	Own	Loan	Total	Own	Loan	Total
1. Allopathic including repacking.	243	151	394	339	217	556
2. Cosmetics	94	02	86	84	02	86
3. Blood Banks	53	-	53	53	-	53
4. Approved Laboratories	03	-	03	03	-	03
Total	383	153	536	479	219	698

572 inspections of drugs & cosmetic manufacturing units and 15,494 inspections of sales premises were carried out by the Inspectorate staff of this Department in addition to 103 inspections of Government Hospitals between 1.4.1993 to 31.3.94.

DRUGS SELLING PREMISES AS ON 31.3.94

Division	Restricted	Retail	Wholesale	Total
Bangalore	386	2397	997	3780
Belgaum	226	1094	347	1667
Bellary	41	781	183	1003
Mangalore	243	825	379	1447
Mysore	118	582	142	842
Gulbarga	62	886	186	1134
Total	1076	6565	2234	9875

NOTE : 1647 Licences of sales establishments were cancelled during 1.4.93. to 31.3.94 due to closing of shops, change in constitution, change in premises or Non-renewal of licences.

MONITORING OF ESSENTIAL DRUGS

The availability of essential life saving drugs was ensured by contacting manufacturers and respective Drugs Controllers directly and regular monthly reports are being sent to the Ministry of Petroleum and Chemicals, Government of India, New Delhi.

PREVENTION OF MISUSE OF NARCOTICS AND OTHER PSYCHOTROPIC SUBSTANCES.

Under Section 41 and 53 of the Narcotic Drugs and Psychotropic substances Act, the State Government vide Notification No. HD 214 EDC 85 and HD 214 EDC 85 (D) dated 11th September 1986, have empowered the Drugs Inspectors of this Department also to investigate the offences under this Act. A close monitoring is exercised in respect to Narcotic Drugs and Psychotropic substances manufactured/sold for licit use.

ALLOTMENT OF QUOTA OF NARCOTICS TO THE PHARMACEUTICAL CONCERNS

The following quota of Narcotics was allotted to the various manufacturers in the State for processing into dosage form.

Sl. No.	Name of the Drugs	Quota allotted in Kgs (upto the end of March 1994)
1.	Codeine	1004.00
2.	Ethyl Morphine (Dionine)	15.00
3.	Medicinal Opium	1.50
4.	Dextropropoxyphene	800.00

2. DRUGS TESTING LABORATORY

The Drugs Testing Laboratory was started during the 3rd plan period. At present, the Laboratory is in a position to analyse all types of Drugs & Cosmetics except Vaccine, Sera and Blood.

The main functions of the Laboratory are as under :

1. Testing and analysing legal samples of drugs and cosmetics sent by the Drugs Inspectors for the quality, purity and strength of the drugs formulations and to issue reports in the prescribed form.
2. Testing and analysing of the legal samples sent by the Drugs Inspectors of the Governments of Orissa, Delhi Administration, Kerala, Pondicherry and Central Government Medical Stores, Madras and to issue reports thereon in the prescribed proforma.
3. To assist the Government Medical Stores and other Government Institutions in the State in the purchase of drugs by testing the samples for the quality of Drugs.

Two Superintendents are incharge of the Drugs Testing Laboratory. One for Administration and one for Laboratories assisted by 2 Senior Chemists, One Bio-Chemist, Pharmacognocist, one Pharmacologist and One Bacteriologist. The senior Chemist, Bio-Chemist, Pharmacologist and Pharmacognocist were notified as

Government Analysts for all types of Drugs and Cosmetics except Vaccines and Sera and they have also been appointed as Government Analysts for the above referred States.

The Drugs Testing Laboratory is having the following sections at present.

1. Pharmaceutical Chemistry,
2. Microbiology,
3. Pharmacognosy,
4. Pharmacology,
5. Bacteriology.

A full fledged Animal House is attached to this Laboratory and manned by a Veterinarian deputed from Animal Husbandry Department.

The samples received and tested in the Laboratory are as follows:-

SAMPLES RECEIVED FROM 1ST. APRIL 1993 TO 31ST. MARCH 1994

i.	Drugs Inspectors (Legal)	3602
ii.	Informal Samples from the Hospitals, Medical Stores and also from the Drugs Inspectors.	17
iii.	Manufacturers samples	--
	Total	3619
	Brought forward from previous year :	1128
	Total	47 47

SAMPLES TESTED FROM 1ST. APRIL 1993 TO 31ST. MARCH 1994

i.	Total Samples tested	2777
ii.	Samples found to be Standard quality	2600
iii.	Samples found to be NOT OF STANDARD QUALITY	174
iv.	Samples partly analysed.	03

LIBRARY :

A full equipped Library is attached to the Drugs Testing Laboratory which has all the reference books. Standard Text books, National and International Scientific Journals catering to the needs of

both the Staff and Manufacturers in the State and manned by a qualified Librarian.

3. PHARMACY EDUCATION

There are two wings in pharmacy Education.

- a. Government College
- b. Board of Examining Authority, Bangalore.

a) **Government College of Pharmacy, Bangalore.**

The Government College of pharmacy which was started in the year 1964 is functioning under the administrative control of this Department where teaching facilities are available for Diploma, Degree and Post Graduate levels. The Government of India is giving 100% assistance for the development of Post-Graduate courses in pharmacy at the Government College of Pharmacy, Bangalore. Accordingly, the post-Graduate course (M.Pharm) have been started with an intake of 6 students in each of the following disciplines namely :-

- 1. Pharmcaeutical Chemistry,
- 2. Pharmacology,
- 3. Pharmacognosy and
- 4. Pharmaceutical Technology.

The principal is the Head of this Institution, assisted by 6 Professors, 9 Assistant Professors and 14 Lecturers.

Under the State Plan Scheme, the Government have accorded sanction for the construction of a four storeyed building and at present, construction of ground, I&II floor have been completed. Administrative Office, Lecture Halls and Laboratories are housed in these floors.

During the year, 26 out of the 54 students who appeared for the Final B.Pharm examination were successful. 22 out of 22 students passed the final M.Pharm examination in the Government College of Pharmacy, Bangalore.

b) BOARD OF EXAMINING AUTHORITY, BANGALORE.

The Drugs Control Department is also entrusted with the enforcement of Education Regulations of the Pharmacy Council of India at Diploma level in the State. The Board of Examining Authority is functioning under the Chairmanship of the Additional Drugs Controller and one Member Secretary assisted by one Assistant Drugs Controller.

Out of 9,620 students appeared for the Preliminary D.Pharm Examination, 1,737 students passed the examination and 2,111 out of 8,128 students passed the final D.Pharm examination.

FINANCE :

The following is the details of Budget Allotment and Expenditure for the year 1993-94.

Expenditure

Sl. No.	Budget Head	Budget allotment for 93-94 (Rs. in lakhs)		Expenditure during 93-94 (Rs. in lakhs)	
		Plan	Non-Plan	Plan	Non-Plan
1.	2210-06-104-0-01 Drugs Controller	30.00	112.47	7.88	102.20
2.	2210-06-104-0-02 Drugs Testing Laboratory	8.00	64.11	1.82	47.76
3.	2210-05-105-1-14 Govt. College of Pharmacy.	6.00	63.95	Nil	61.42
4.	2210-05-105-1-15 Central Plan Schemes	20.00	10.30	13.97	14.67
Total Rs. in lakhs		64.00	250.83	23.67	226.05

Revenue Receipts :-

Sl. No.	Budget Head	Amount (in Lakhs)
1.	0210-04-104-02 Drugs Controller	9.08
2.	0210-03-105-01 Govt. College of Pharmacy and Board of Examining Authority.	39.35
Total		48.43

IMPORTANT ACHIEVEMENTS DURING 1993-94.

Enforcement Wing :

Government have accorded sanction for the upgradation of District Offices of Drugs Inspectors as Circle Offices of Assistant Drugs Controllers for which a provision of Rs. 15.00 lakhs has been sanctioned.

The following 15 Circle officers of Assistant Drugs Controller have been established vide G.O. No. HFW/18/IMM/92 dated 24.3.94 along with the additional posts of Assistant Drugs Controller, Drugs Inspector, Superintendents and First Division Assistants.

Sl. No.	Name of the Circle Office of the Assistant Drugs Controller
---------	---

- | | |
|-----|------------------------|
| 1. | Bangalore Circle - I |
| 2. | Bangalore Circle - II |
| 3. | Bangalore Circle - III |
| 4. | Bangalore Circle - IV |
| 5. | Mysore Circle - I |
| 6. | Mysore Circle - II |
| 7. | Bellary Circle |
| 8. | Tumkur Circle |
| 9. | Gulbarga Circle |
| 10. | Bijapur Circle |
| 11. | Belgaum Circle |
| 12. | Dharwad Circle |
| 13. | Mangalore Circle |
| 14. | Hassan Circle |
| 15. | Shimoga Circle |

DRUGS CONTROLLER

Sn/-

16.7.94.

DETAILED STATISTICS PERTAINING TO DRUGS CONTROL DEPARTMENT.

Sl.	Details	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94
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A. ADMINISTRATION & ENFORCEMENT

DRUGS MANUFACTURERS

a.	1. Allopathic drugs including repacking.	316	316	384	428	450	450
	ii. Cosmetics	69	58	71	74	82	86
	Total No. of Mfg. units	385	374	455	502	532	536
b.	Total No. of Mfg. Licences	497	477	581	646	695	698
	Total No. of Sales Premises	10021	8629	9256	10591	9685	9875

INSPECTIONS :

a.	Sales premises	12565	11755	13380	13015	12253	15,494
b.	Manufacturing Units	469	512	402	350	321	572
c.	Hospitals	107	129	121	97	82	103

LICENCES

a.	Sales Licences granted	2151	2926	2664	2501	1828	1837
b.	Sales licences renewed	3576	3765	2974	3844	2786	5004
c.	Mfg. Licences granted	118	109	151	90	90	107
d.	Mfg. Licences renewed	301	161	136	104	140	307
e.	No. of Un-licensed dealers detected.	117	54	46	37	31	34

Sl.	Details	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94
f.	Cancellation/Invalidation	506	1098	1037	673	2767	1647
g.	Suspensions	46	187	131	229	187	321
PROSECUTIONS :							
Cases pending at the beginning of the year							
a.	Drugs & Cosmetics Act 1940	84	88	96	112	120	97
b.	Drugs (Price Control) Order 1979/1987.	43	41	40	40	39	36
PROSECUTIONS LAUNCHED DURING THE YEAR							
a.	D & C Act. 1940	15	20	17	11	16	21
b.	D.P.C.O. 1979/1987	1	1	-	1	1	4
PROSECUTIONS DECIDED :							
a.	D & C Act 1940	11	12	1	3	39	12
b.	D.P.C.O. 1979/1987	3	2	-	2	4	4
ACQUITTALS/DISCHARGE :							
a.	D&C Act 1940	8	8	1	2	22	9
b.	D.P.C.O.1979/1987	3	2	-	1	4	2
CONVICTIONS :							
a.	D & C Act.1940	3	4	-	1	17	3
b.	D.P.C.O.1979/1987	-	-	-	1	-	2

Sl	Details	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94
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B.DRUGS TESTING LABORATORY

a.	No. of samples pending at the beginning of the year.	801	435	828	528	693	1128
b.	No. of samples received during the year.	3056	2981	2521	2986	2921	3619
c.	No. of samples analysed	3312	2555	2649	2817	2484	2777
d.	No. of samples found to be Standard Quality.	2930	2284	2264	2558	2251	2600
e.	No. of samples found to be Not of Standard Quality.						
	i. Karnataka State	209	48	176	168	158	143
	ii. Other States	122	134	34	31	40	31
	Total :	331	182	210	199	198	174
f.	Samples partly analysed	51	89	175	60	35	3
g.	Samples pending for analysis at the end of the year.	135	828	528	693	1128	1827
					(4 reje cted)	(2 reje cted)	(143 reje cted)

C. PHARMACY EDUCATION

GOVT. COLLEGE OF PHARMACY

M.PHARM.

a.	No. of students appeared for Final M.Pharm.	23	20	24	24	22	22
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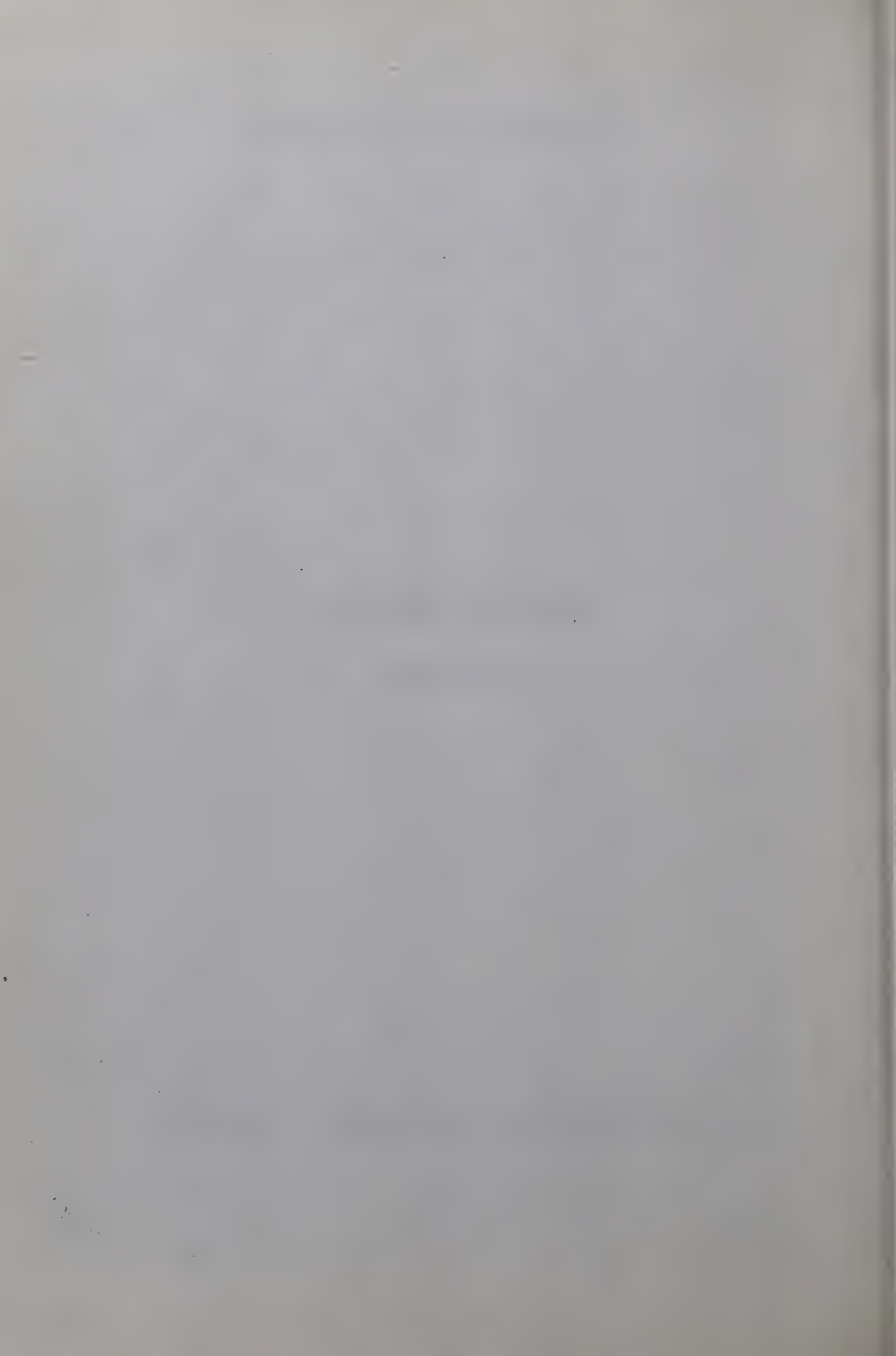
Sl.	Details	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94
b.	No. of students passed in Final M.Pharm.	20	20	23	24	22	22
	B.PHARM						
a.	No. of Students appeared for Final B.Pharm.	28	35	41	40	36	54
b.	No. of students passed in Final B.Pharm.	24	28	27	26	20	26
	D.PHARM						
a.	No. of students appeared for Final D.Pharm.	65	90	78	96	68	85
b.	No. of students passed in Final D.Pharm.	24	36	27	38	38	38
	BOARD OF EXAMINING AUTHORITY :						
	D.PHARM						
a.	No. of students appeared for preliminary D.Pharm	10099	11023	11280	13607	14442	9620
b.	No. Of students passed in preliminary D.Pharm.	2530	2245	2571	2959	3542	1737
c.	No. of students appeared for Final D.Pharm.	7103	7049	8387	9476	10094	8128
d.	No. of students passed in Final D.Pharm.	2104	2163	2092	1591	2425	2111

GOVERNMENT OF KARNATAKA

ANNUAL REPORT

1993-94

DEPARTMENT OF POPULATION CENTRE



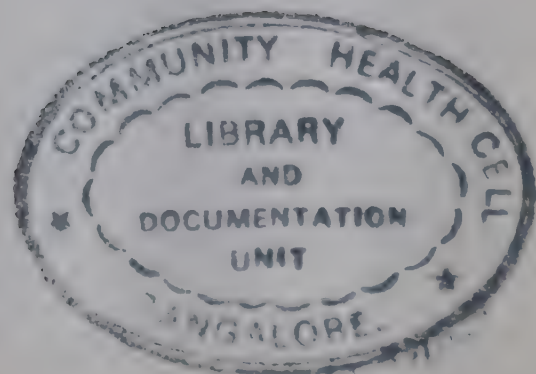
ANNUAL REPORT OF POPULATION CENTRE, BANGALORE, FOR THE YEAR 1993- 94

I. INTRODUCTION

The main objective of the population centre is to assist the Government of Karnataka, especially the directorate of Health and Family Welfare Services, in implementing various health and family welfare programmes more effectively and efficiently by undertaking various research and evaluation studies and organising in-service training programmes for various categories of officials.

II. ADMINISTRATION

Dr. P.H. Reddy remained as Director during the period under report. No additional posts were sanctioned during the period. Smt. Anasuya N. Rao was promoted to the post of Assistant Director. During the period under report 2 Research Assistants have resigned.



Organisational Set-up and Staff Position as on 31-3-1994
(Non- Plan)

Sl. No.	Designation	Total posts sanctioned	Total posts filled	Male	Female	S.C.	S.T.
1.	Director	1	1	1	-	-	-
2.	Assistant Director	4	3	2	1	-	-
3.	Research Officer	7	2	2	-	-	-
4.	Nutritionist	1	1	1	-	-	-
5.	Computer Programmer	1	-	-	-	-	-
6.	Administrative-cum-Accounts Officer	1	1	1	-	-	-
7.	Assistant Res. Officer		3	2	1	1	1-
8.	Research Assistant	18	12	6	6	1	-
9.	Research Field Investigator	4	-	-	-	-	-
10.	Statistical Assistant	4	-	-	-	-	-
11.	Librarian	1	-	-	-	-	-
12.	Accounts Superintendent	1	1	-	-	-	-
13.	Superintendent	1	-	-	-	-	-
14.	First Div. Assistant	2	2	2	-	-	-
15.	Accounts Assistant	1	1	1	-	1	-
16.	Stenographer	2	2	1	1	-	-
17.	Second Div. Assistant	1	1	1	-	-	-
18.	Typist	5	5	3	2	-	-
19.	Driver	4	4	4	-	1	-
20.	Group 'D'	7	4	4	-	1	1
Total		69	42	30	12	5	1

Staff Position as on 31-3-1994

Category of posts	Sanctioned number of posts at the end of the year	Number of filled in posts			
		Males	Females	S.C.	S.T.
A	15	7	1	-	-
B	3	1	1	1	-
C	44	18	10	3	-
D	7	4	-	1	1
Total	69	30	12	5	1

III. FINANCIAL DETAILS

Budget Allotment and Expenditure for the year 1993-94

Head of Account : Plan : "2211 Family Welfare - 108 - Selected Area
Programme - Including IPP - 02- India
Population Project - III"

Non-Plan : "2211 Family Welfare - 108 - Selected Area
Programme - Including IPP - 01 - India
Population Project - Population Centre"

Item	Budget Allotment 1993-94	Expenditure incurred 93-94
	Plan	-
	Non-Plan	
1. Salaries	Rs. 17,02,000/-	Rs. 12,58,418/-
2. Dearness Allowance	Rs. 10,56,000/-	Rs. 10,02,825/-
3. Other Allowances	Rs. 3,64,000/-	Rs. 2,52,663/-
4. Travel Expenses	Rs. 60,000/-	Rs. 42,389/-
5. Office Expenditure	Rs. 2,30,000/-	Rs. 2,29,416/-
6. Medical Charges	Rs. 25,000/-	Rs. 14,372/-
7. Motor Vehicles Expenses	Rs. 90,000/-	Rs. 77,692/-
Total (Non-Plan)	Rs. 35,27,000/-	Rs. 28,77,775/-

IV. STUDIES COMPLETED

1. Trends and Differentials in Fertility, Mortality and Family Planning practice : An Evaluation of IPP-III (Karnataka) (Revised report)

A national seminar on the impact of IPP-III (Karnataka) was held on 30th and 31st January 1993. Based on the suggestions and comments received from the participants, a revised report (title given above) was brought out the same was submitted to the Government.

2. Health Problems of Sericulture Workers

The objectives of this study are to study (1) the health problems faced by the workers of silk industry, namely, workers of silkworm seed production centres (grainages), workers of silk worm rearing and workers of reeling units and (2) the safety and precautionary measures that have been undertaken by the workers to minimize the problems.

To study the health problems of workers rearing silkworm, five villages near Ramanagaram were selected and a sample of 100 workers engaged in silkworm rearing was taken. A sample of 50 workers engaged in other activities in the same village was also taken as control. In addition fifty grainage workers and eighty reeling workers of different units in Ramanagaram were also covered. The field work was undertaken in the month of June 1992. The report has been prepared and submitted to the Government.

The study shows that 14 per cent of the silkworm rearing workers, 28 per cent of the grainage workers and 32.50 per cent of the reeling workers were facing health problems as against 12 per cent among the control group. Among the grainage workers, health problems relating to respiratory system predominated, whereas among the reeling workers both respiratory and skin problems were present. The safety and precautionary measures undertaken were not satisfactory.

3. Consequences of a Fast Growing Metropolis: A Case Study of Bangalore

This study was undertaken to examine the consequences of the fast growth of the city of Bangalore. The study covered various aspects such as population dynamics and population composition, industries, housing, water resource and supply, sewage disposal, power, road and transport, health infrastructure, educational facilities, slums, crime, road accidents, air pollution etc. The study is based on secondary data collected from the concerned departments. The study revealed that the city experienced an unprecedented growth of population over time mainly because of in-migration due to rapid industrialization. In turn, this has exerted enormous pressure on civic amenities and it resulted in a

deterioration in the quality of life. In order to avoid further deterioration and haphazard growth of the city, the study suggested proper planning of industrial growth.

4. Infant Mortality Reduction : Some policy Measures for Karnataka

Based on a review of the risk factors affecting infant survival and an examination of the trends in infant mortality for Karnataka and India, some new measures for reduction of infant mortality rate in Karnataka are proposed in this study, after taking into account the ongoing CSSM (Child Survival and Safe Motherhood) Programme. The new measures proposed are the following :

1. Mobile clinics for children (for remote villages)
2. Providing disposable delivery kits to pregnant women
3. Giving MCH cards to MCH beneficiaries
4. Painting immunization slogan on buses
5. Display of MCH posters at Mahila Mandal offices
6. Registration of events through TBAS on payment basis

It is expected that these measures and the CSSM programme together would bring about a reduction of infant mortality rate in Karnataka from about 70 per 1000 live births to about 40 within five years. The estimated additional cost for implementation and evaluation of the new measures in Karnataka for five years is Rs. 1288 lakh. The same measures could also be considered for implementation in other states where the infant mortality rates are high.

5. A Study on Reasons for Decline in the Demand for Laparoscopic Tubectomy

This study was conducted to find out the reasons for the decline in the demand for laparoscopic tubectomy in Karnataka. The study was based on interview of 1221 sterilization acceptors selected from four districts. The reasons found for not accepting laparoscopic tubectomy were : (i) fear of failure of the method, (ii) wrong notion about the current, (iii) wrong identification of the fallopian tube, (iv) use of

sub-standard bands, (v) inadequate screening before sterilization and (vi) shortage of trained medical personnel.

6. Estimates of Vital Rates for the Districts of Karnataka 1951-91

The study was undertaken to estimate the birth rate, death rate, natural increase and volume of net migration for the 19 districts of Karnataka for the period 1951-91 by indirect methods using the available data on population in different censuses. The estimates have some limitations as they are based on certain assumptions needed for such indirect methods of estimation. However, they are of importance in understanding the trends of fertility and mortality in different districts of Karnataka since 1951. The estimates reveal that the role of migration in population growth at the district level is quite significant. The present levels of fertility and mortality for most of the districts are moderate, though there had been a substantial decline in both birth rate and death rate during 1951-91.

7. Coverage Evaluation Survey (Immunization) - Kolar District, Karnataka State

In Karnataka, UIP was introduced in two districts, namely Hassan and Kolar in 1985-86 and later on extended to other districts. An evaluation survey was undertaken in Kolar district with a view to finding out the coverage of various vaccinations and the degree of completeness. The survey also made an attempt to collect information on birth and mortality rates, maternal health care, acute respiratory morbidity and management, diarrhoeal diseases and management and family planning practice. The cluster sampling technique described in the "Evaluate Vaccination Coverage" module was adopted in the study.

The survey revealed a neo-natal mortality rate of 37.3 per 1000 live births and an infant mortality rate of 70.6 per 1000 live births. Child mortality rate was 42.5 per 1000 population in the age group 0-5 years. Maternal mortality was 533 per 1,00,000 live births.

As high as 80 per cent of the children received complete immunization. About seven per cent of the children dropped out

between DPT 1 and DPT 2 and one per cent between DPT 2 and DPT 3 and about eight per cent between DPT 1 and DPT 3. Similarly, about seven per cent dropped out between OPV 1 and OPV 2, about two per cent between OPV 2 and OPV 3 and about nine per cent between OPV 1 and OPV 3.

All the vaccinations were initiated more or less at the appropriate age. The primary immunization were completed in time in the case of almost all the children.

It is observed that it is necessary to spread information about the need for, and importance of, measles vaccination.

About 85 per cent of the mothers had 2nd dose of TT. About 82 per cent of the women consumed whatever number of I & F tablets they received. About 58.1 per cent were institutional deliveries. About 21 per cent of the deliveries were attended by trained dais and about 15 per cent by untrained dais.

8. Age at Marriage and Fertility - A Review of Literature

A review of literature on age at marriage and fertility was completed during the period under report. The study covered (a) age at marriage and biological considerations, (b) age at marriage and socio-economic variables and (c) age at marriage and fertility. The major findings are as follows :

1. There is a higher mortality among the infants born to mothers who are below age 20.
2. Education (especially of females) is found to be the single most important factor responsible for late marriage as well as lower fertility.
3. The prevalence of early marriage still continues, especially in the countryside which is, by and large, associated with relatively high fertility.
4. The belief that late marriage automatically means lower fertility may not be true always, especially with the prevalence of contraception. Therefore, there appears to be a need to study the

effects on fertility due to use of contraceptives, changes in age at marriage and changes in age and sex composition of the population.

V. STUDIES IN PROGRESS AT THE END OF MARCH 1994

1. Study of population change in Kodagu District

Kodagu district of Karnataka has recorded a low population growth rate of 5.75 per cent during 1981-91 and an improvement in sex ratio (number of females per 1000 males) from 933 in 1981 to 989 in 1991. In order to understand the reasons for this low population growth rate, a household survey was undertaken in Kodagu district by the population Centre, Bangalore. The survey is designed to estimate the quantum of migration, levels of fertility and mortality and the proportion of couples protected by family planning methods. A sample of 3000 households was selected from the rural, urban and plantation areas of the district.

The crude birth and death rates per thousand population were 23.3 and 7.2 respectively. In-migration was 4.69 per cent and out-migration 14.99 per cent during 1981-91. Thus, the net migration was -10.3 per cent. With the estimated net migration of -10.3 per cent the decadal growth rate works out to be 6.0, which is close to the census estimates of 5.75. The major reason for male out-migration was employment and in the case of females, it was marriage.

A draft report based on the study has been prepared.

2. Evaluation of Quality of Family Welfare services at PHC Level in Karnataka

An assessment of the quality of family welfare services provided by the PHCs in Karnataka is attempted in this study. The study focuses on infrastructural facilities (such as operation theatre, labour room etc.) and other facilities (such as trained manpower, supplies, transport, etc.) available at PHCs, facilities at sub-centres, quality of MCH and family planning services (including follow-up) provided by the health functionaries and quality of sterilization camps.

The analysis would be carried out division-wise, in order to ascertain whether the divisions differ with respect to quality of family welfare services provided.

The sample covers 12 PHCs, 24 sub-centres and 24 villages spread over the four divisions of the state. About 1500 beneficiaries of family welfare services will be interviewed. A total of 24 sterilization camps will be observed. The sterilization procedure for 240 acceptors will also be observed.

The field work is in progress.

3. A Study of Knowledge, Attitudes and Practice of Family Planning Methods Among Newly Married Couples in Karnataka

This study is undertaken to examine the extent of knowledge about the family planning methods among the newly married couples, their attitude towards adoption of the methods and the contraceptive prevalence among them. About 700 newly married couples selected from four districts, viz., Kolar, Hassan, Bellary and Dharwad, were interviewed for the study. A draft report is under preparation.

4. Psychological Factors Associated with Abortion Seeking Behaviour Among Women

This study examines the Psychological factors associated with abortion seeking behaviour among women. A sample of 92 women who sought abortion from the government hospitals in Bangalore and a sample of 68 women who sought abortion from the hospitals run by voluntary organizations in Bangalore during November 1992 - October 1993 were interviewed for the study. Tabulation of data is in progress.

5. Study of Factors Influencing the Birth weight of Children

In India, the prevalence of low birth weight infants (less than 2500 g) is about 30 per cent of live births. It is said that low birth weight contributes to mental and physical handicaps. So, there is need to study the factors influencing the birth weight of children. The present study focuses on maternal factors such as health and nutritional status of the mother and also socio- economic and demographic factors.

The study is based on data relating to births that occurred in the K.C. General hospital, Bangalore during July, August and September 1993. Data relating to birth weight, etc. were collected for 500 births. The mothers were interviewed and their weight and height were also taken in the hospital. The tabulation of data is over. A draft report is under preparation.

6. Effective Age as Marriage and Fertility : An Analysis of Data from North Karnataka

The delayed age at marriage of females reduces the reproductive life exposed to conception. Keeping this in view, scholars in the field have advocated from time to time for raising the age at marriage. However, this may not be always true, especially in Karnataka State where Couple Protection Rate (CPR) is about 50 per cent. In other words, if there is a high contraceptive prevalence rate, the early or late marrying pattern in the society may have negligible effect on fertility.

In order to investigate the above, a study has been initiated based on secondary data. The data are taken from a survey conducted in 1992 by the Centre in six districts of Karnataka, namely Belgaum, Bijapur, Dharwad, Bidar, Gulbarga and Raichur.

The tables are almost finalised and a draft report will be prepared soon.

7. An Evaluation of the Family Planning Programme in Karnataka

The objectives of the study are :

- i) to analyse the family planning performance over time by method for different divisions of Karnataka.
- ii) to assess the impact of the programme on fertility.
- iii) to estimate the cost per birth averted.
- iv) to analyse the changes in the characteristics of the family planning acceptors, and
- v) to study the influence of certain factors on family planning performance.

The data collection is over and computation work is in progress.

8. Fertility, Mortality and Family Planning Practices Among Karnataka Government Employees

A study of various segments of the population may yield some clues to tackle the population problem. It is in this context that a study of Fertility, Mortality and Family Planning Practices Among Karnataka Government Employees has been initiated. Although the government employees may not be representative of the population, analysis of different categories of employees might provide valuable insights into the differentials by socio-economic status.

There are four categories of Karnataka Government Employees namely A, B, C and D. Since A and B categories are of officer's rank, it was decided to study A and B categories together. In all, a sample of 1500 employees was selected for this study. Field work for the study was conducted during June-July 1993. The tabulation of data is over. A draft report is under preparation.

9. A study of Reasons for Decline in Demand for Vasectomy

In spite of the fact that the services in report of both terminal and spacing methods of family planning are available, the demand has been overwhelmingly for sterilisation. This is true of the country, as also of Karnataka.

Over time, the demand for sterilisation has shifted from vasectomy to tubectomy. In Karnataka, vasectomies, accounted for less than one per cent of the sterilisations from 1988-89. It is essential that men also should come forward to accept vasectomy. With a view to promoting the adoption of vasectomy, a study has been undertaken with the following objectives:

1. to examine the socio-economic and demographic characteristics of sterilisation acceptors and programme personnel,
2. to identify the reasons for the decline in demand for vasectomy, and
3. to suggest measures to generate demand for vasectomy.

Only 10 vasectomy acceptors from the both the rural and urban areas could be studied, as compared with 387 laparoscopic tubectomy acceptors and 824 tubectomy acceptors from both rural and urban areas.

The field work and tabulation work are over. Report writing is in progress. The report is expected to be ready during the current year.

VI. PROPOSED ACTIVITIES FOR 1994-95

1. Completion of on-going studies

The nine studies in progress mentioned earlier will be completed during 1994-95.

2. New studies to be undertaken

The following studies are proposed to be initiated during 1994-95.

- i) Baseline Survey and Facility Survey in Belgaum and Kolar Districts, under NORAD Project.
 - ii) Baseline Survey, Beneficiary Needs Assessment and Communication Needs Assessment in all the Districts of Karnataka, under IPP-IX.
 - iii) Maternal Age and Offspring's Intelligence.
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